

A

DESCRIPTIVE CATALOGUE

OF THE

NEW SYDENHAM SOCIETY'S ATLAS

OF PORTRAITS

OF

DISEASES OF THE SKIN.

COMPILED, AT THE REQUEST OF THE COUNCIL,

BY

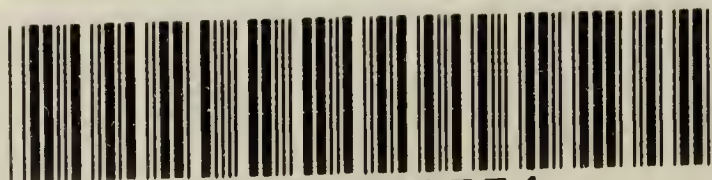
JONATHAN HUTCHINSON, F.R.C.S.,

HON. SEC. TO THE NEW SYDENHAM SOCIETY, AND TO ITS SUB-COMMITTEE IN CHARGE
OF THE ATLAS, ETC.; SURGEON TO THE LONDON HOSPITAL FOR DISEASES OF THE
SKIN; SENIOR SURGEON TO THE LONDON HOSPITAL, AND FORMERLY LECTURER
ON SURGERY; SURGEON TO THE ROYAL OPHTHALMIC HOSPITAL,
MOORFIELDS; HONORARY FELLOW OF SURGICAL SOCIETY OF
PARIS, AND THE DERMATOLOGICAL SOCIETY OF NEW YORK.

PART II.

THE NEW SYDENHAM SOCIETY,
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PREFATORY REMARKS.

THE first part of our Descriptive Catalogue comprised Plates I to XXIII, and we now carry the list up to Plate XLIV. These forty-four plates include more than sixty different subjects, and, with the exception of a very few in the early fasciculi, all of them have been executed from original drawings made expressly for the Society. Several of those given in the more recent fasciculi and described in the following pages illustrate morbid conditions which have, it is believed, not been previously represented in any Atlas of Skin Diseases. Amongst those which are on this account of especial value we may mention Plate XXXII, which shows a peculiar vesicular and pruriginous eruption which sometimes follows varicella; Plate XXXVIII, showing a form of prurigo occasionally seen in young persons; Plate XXXIII, exhibiting the severe hydroa eruption now and then produced by iodide of potassium; Plate XLI, the framboesia of

Peru; and lastly, Plate XLIII, showing an extraordinary severe ulcerating eruption induced by the administration of bromide of potassium.

In selecting the different subjects for illustration, regard has been had chiefly to their probable usefulness for purposes of diagnosis. As a rule, good typical examples of the disease in question have been preferred, but in some instances it has been thought well to depict unusually severe results, with the object of demonstrating conditions which it might otherwise have been difficult to credit in connection with the suggested cause. This remark especially applies to the portraits showing the possible effects respectively of the bromide and iodide of potassium. Rare diseases, if well characterised, have been by no means avoided, since not only is it in these especially that pictorial help is required in diagnosis, but very often a rare malady becomes of the utmost clinical importance as affording a sort of key to the comprehension of more common ones.

It may be well to remark that all the plates published in this Atlas may be fully relied on for accuracy as to the topography of the skin disease as well as to its other appearances. The artist has been instructed not to deviate in the least from exact truth in this respect.

Many of the plates in some of our best Atlases are obviously incorrect in this matter, the artist having been allowed to display the eruption re-grouped according to the exigencies of the portrait, or perhaps even to show different stages on the same subject. The temptations to take minor liberties in these directions are very great, but since topography may often become of much importance in diagnosis they ought to be scrupulously resisted.

The last three plates described in this Catalogue constitute the fasciculus for the current year, and will probably not have yet reached the members' hands. They are, however, just ready for publication, and may be expected before the end of the year.

15, CAVENDISH SQUARE;
October 20th, 1875.

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XLIV.—MORPHŒA OR ADDISON'S KELOID.

PLATE XXIV.

ERYTHEMA CIRCINATUM.

The following are the notes of the case which this portrait illustrates. It is a good example of a comparatively rare disease, a variety of Erythema multiforme; the “Herpes Iris” of some writers:

Alfred Clark, æt. 5, was brought to me at the Hospital for Skin Diseases by Mr. Stirling and Mr. Lathbury, under whose care he had been, who had taken much interest in his very peculiar eruption. He was of brown complexion, and had always been quite robust when free from the rash. It was his fourth attack of the eruption, which had now been out for about two months. The attack had begun by a single patch on the right arm, which for three weeks was his only one, then numerous others came out. Mr. Lathbury had attended him during several of the previous attacks, and to him I was indebted for many of the facts concerning their history.

His first attack was at the age of two years. He was very ill—confined to bed for several weeks. His illness was most severe before the eruption came much out; when the spots were well developed he became able to walk about, but had lost much flesh.

A second attack occurred a year later, but was not nearly so severe as the first. He did not keep his bed. The rash remained out a month or five weeks.

Last summer (1865) he had a third attack (not very severe).

His fourth attack—the one in which I saw him—was more severe than either of the last two, but not so bad as the first.

The rash on every occasion has been of the same kind. He has always been peevish, feeble, and ill in the beginning of the attack, and gained in health as the patches disappeared. Season has not appeared to influence him, for no two of the attacks have been at the same period of the year. No skin diseases have been observed in the family. The relatives are all healthy, and there is no history of any special maladies in his family.

It has always been noticed, when the patches began to fade, that they disappeared very quickly indeed; they would sometimes vanish wholly

in a day or two. A good deal of irritation and burning has usually attended the eruption.

As regards the position of the patches, they have usually been rudely symmetrical, covering the trunk and extremities, but never passing either to the hands or feet, nor ever affecting the face. He has had very large ones on the shoulders and arms. Between the attacks he regains his health perfectly.

Description of the Eruption.—Each patch was stated to have commenced as a red point, which rapidly enlarged into a papule or wheal. From small wheals the patches enlarged to the size of shillings or pennies, and some were now even much larger.

When I saw him, March, 1866, the patches were very conspicuous indeed, and presented red surfaces, with abrupt raised margins of a lighter tint. These margins at first sight looked much like rings of small vesicles ("Herpes circinatus"), but when touched were found to be solid. In the centre of each patch there was a small circle, varying in size from a split pea in some to a fourpenny-piece in others, which was of lighter tint than the rest, and thus produced some resemblance to the conditions depicted in some Atlases as "Herpes Iris." Some of the patches had vividly red margins, but most of them had margins, as I have described, of lighter tint than the rest. In all cases slight stretching of the skin by the fingers made the swollen margins at once quite pale, just as happens with the wheals of urticaria. They became bloodless and pale long before the adjacent skin did so. None of the patches were in the least scaly, and only one, which had been scratched, showed any kind of crust. The changes were merely those of congestion and slight parenchymatous effusion.

As to Diagnosis.—The eruption might by a careless observer have been mistaken for ringworm, the roundness and ringed character of the patches resembling that disease. The entire absence of desquamation, and the vivid red colour, however, at once put aside this supposition, and the history was also conclusive. There could be no doubt that the disease was really an example of what most writers have meant by Herpes circinatus and Herpes Iris; though many authors have confused true ringworm with these much more rare affections.

Progress of the Case.—Mr. Burgess at once set to work on a portrait of the boy's shoulders and arms, and produced a very accurate and beautiful one. The disease, however, had evidently reached its acme, and it changed too rapidly to permit of the state first shown being depicted in the portrait. The patches had become much less bright in colour within a day or two, and the innermost circle, which had looked a little pale at first, very quickly began to desquamate, a delicate layer of epidermis peeling off. In ten days the patches had lost their definite borders and in another week only dusky stains remained.

It should be stated that I had prescribed arsenic on the first day, but it is a little doubtful whether this was the cause of the rapid disappearance of the rash, since the boy's father said that it had vanished in the same sudden manner before. The boy improved in health whilst the rash was fading.

A year later, at request, the boy was again brought; he had then no eruption. His mother stated that she was accustomed to begin the medicine whenever he seemed fretful and out of health, and she believed that it always prevented attacks of eruption.

In September of the same year I saw him again for a mild attack, and again prescribed arsenic with the result that in a week or two he was well. His father told that before the attack he usually seemed ill, and often had diarrhoea and loss of appetite.

In June, 1875 (nine years after the portrait was taken), the boy was, at my request, brought for inspection. He had now for six or seven years been quite free from any tendency to recurrence of his eruption, and had enjoyed fairly good health.

Amongst the points worthy of remark in this case we may note—

1st. That the eruption was clearly constitutional and not local, as proved by its general symmetrical development and by its tendency to recur in connection with derangements of health. Whether its evolution should be attributed to some altered state of the blood or to the nervous system it is much more difficult to decide.

2nd. That it had shown repeatedly a definite tendency to spontaneous disappearance, and that too in a sudden and very rapid manner.

3rd. That it seemed to be remarkably easily influenced by arsenic, vanishing just as pemphigus usually does immediately that the remedy was prescribed. No severe attack ever occurred after the efficiency of arsenic in respect to them became known, and it seemed almost certain that the drug possessed the power of curing the malady even in its premonitory stage.

4th. That the eruption affected the trunk and limbs, to the exemption of the head, hands, and feet. Some other forms of skin disease, apparently in close alliance with this, are very prone to affect the backs of the hands, and usually leave the trunk more or less free, as, for instance, most of the varieties of erythema multiforme.

Compare with—

Plate 25 of Willis's Atlas. This portrait closely resembles our own, excepting that the vesicular condition of the edge is greatly exaggerated. Unfortunately no details are given as to the individual case; but the author writes as if he thought the disease tolerably common, and its vesicular character definitely marked. He appears to have found it easy of cure. No such disease as this "Herpes Circinatus" is at present met with, excepting as an extreme rarity.

Mr. Wilson's Plate of "Lichen Annulatus Solitarius," A I, represents a number of patches, some of which very closely resemble those of our portrait, whilst others are undoubtedly Ringworm. The portrait represents patches of disease from several different subjects. Its chief interest in reference to our Plate is in illustrating resemblances and differences between true Ringworm and Erythema Circinatum.

See also Cast No. 117 in the Museum of the Royal College of Surgeons.

PLATE XXV.
SUGAR-BAKER'S ECZEMA.

The portrait here given was taken from the arm of a sugar-baker, and well illustrates the form of Eczema which not unfrequently occurs in connexion with that and some other occupations. The surface is covered by large irregular patches of eczematous inflammation. Many of the smaller ones show blood-crusts, and have evidently been scratched. The whole arm, and the hand especially, is œdematous. The eruption is most severe on the hand and wrist, where it commenced. It extended up the whole of the arm to the shoulder. The patient gave the history of having several times suffered from it before. A similar condition of things is not uncommonly seen in bakers, in pot-boys, in washer-women who use washing powders, and in those whose hands have been exposed to lime. The eruption is usually easily cured if the patient can avoid its exciting cause, but the marked tendency to relapse makes it highly probable that there is in all cases a constitutional predisposition. Not unfrequently it is observed that an eczema which had begun from a purely local cause, and occurred at first on the hands only, may spread over the whole surface and to parts to which no irritant has been applied. This is often seen when the eruption is due to sugar, and one of the most severe cases of general eczema which ever came under my notice, was started by the use of an irritating hair-dye. In these cases there is, however, almost always a history of the same disease in other members of the family.

P L A T E X X V I.

COMMON PUSTULAR ACNE.

This portrait shows the face of a young man who suffered severely from COMMON PUSTULAR ACNE. The disease is illustrated in its various stages—the comedo, lichenoid papule, pustule, and scar. The cheeks, chin, and forehead are the parts most severely affected, whilst the eyelids and the lips are almost exempt. The patient suffered from the same eruption on the shoulders, as is usually the case, and there were groups of comedones in the concha of each ear. This form of acne occurs chiefly in persons of somewhat coarse skin in whom the sebaceous follicles are large, and it is, as is well known, usually seen in connection with the period of puberty. There can be little doubt that some form of disturbance in connection with the sexual functions is a very common cause. In many instances, however, there is no reason to suspect this influence, and it appears to be more directly in connection with indigestion. Some women are liable to fresh acne spots at each menstrual period, and some celibate young men experience the same consequence from nocturnal emissions. It is usual for acne of this type to be much alleviated when adult age is fully attained, and it is a matter of popular experience that marriage is often its cure. Now and then, however, no such result is observed, and occasionally severe acne may be seen in married women who are bearing families. It must be admitted also

that it is quite possible that the spontaneous subsidence of the disease which is observed as age advances may sometimes result from the fact that most of the sebaceous glands have been destroyed.

The treatment in the present case consisted in touching each acne pustule with a minute dot of the acid nitrate of mercury. To those which had not supplicated an ointment containing sulphur and ammonio-chloride of mercury was applied. The lad was instructed to wash with hot water, but never to use soap to his face, and to remove the comedones by means of a watch-key. A saline aperient with steel was also prescribed. Under these measures the condition of his face rapidly improved, but he remained, as is almost always the case, liable to the development of fresh spots at times.

Compare with—

Plate 35 of Willis's Atlas.

PLATE XXVII.

SCABIES.

In this Plate are delineated hands from three different cases of Scabies. The upper one representing the rare form met with occasionally in Norway, and which has received the name of "Scabies Norvegica," is copied from Daniellsen and Boeck's 'Atlas of Skin Diseases.' The two others are original. They all illustrate forms of Scabies with excess of inflammation, the products of the inflammatory process concealing the more characteristic features of the disease. The lower hand is that of an adult woman in whom the eruption on the fingers had produced large vesications looking almost as if she had been scalded, the whole hand being swollen, red and œdematous. The diagnosis was established by the discovery of the acarus both in this and the next case. The hand of the child shows a considerable amount of inflammation, but less than that of the adult. There are large patches where the epidermis has peeled, vesicles of considerable size and some pus scabs. The portrait of the Norwegian form shows the palm of the hand and palmar aspect of the fingers much inflamed and covered by large, thick masses of loosened epidermis. The edges of the nails are thickened, and on the little and ring finger the whole of the nail is involved. This form of the disease has been scarcely ever seen in England or in other parts of the Continent, and is rare in Norway.

A full description of the case which furnished the illustration, from the pen of Professor Boeck, will be found below.

In none of these three portraits has any attempt been made to depict the burrow which is the final and characteristic feature of the Scabies eruption.

SCABIES NORVEGICA.

The following is an abstract of the case of Norwegian Scabies under the care of Professor Boeck, from which the portrait in his Atlas was taken (Boeck and Danielssen, 'Recueil d'Observations sur les Maladies de la Peau,' 1862, Plate I), and which has been reproduced in our Plate (Plate XXVII) :—

The patient (Anne C.) was admitted to the hospital under Prof. Boeck's care on April 15th, 1851; a pale, feeble girl. Her palms, palmar surfaces of fingers, and soles were more or less completely covered by firm, adherent crusts, white or grey in colour, and of consistence enough to cut like bark. The finger and toe nails were much thickened, degenerated, and rugged. There were also some crusts on the dorsal aspects of the feet, as far as the instep. The fingers were kept bent, and walking was very painful. The crusts on hands and feet were two or three lines thick. There were numerous thinner but similar crusts on elbows, buttocks, posterior surface of thighs, and on some parts of the back. There were also crusts on the hinder part of the scalp, and on the sides of the neck; whilst on the legs were some round brownish-red spots, on the hinder aspect of the arms numerous vesicles, and, lastly, scattered pustules on various parts of extremities. Hair of head thin, the hairs coming out with the crusts if these were removed. The entire surface of the body was erythematous, while the skin beneath the crusts was found on removing them to be, in addition to its redness, moist and somewhat uneven.

She was too stupid to give any history, but her father stated that the disease had begun about two years previously by the appearance of red spots, with soreness of skin, on the hands and feet; that the crusts formed afterwards, first on the extremities, then the buttocks, and, lastly, during the past winter, on scalp. The alteration in the nails also appeared gradually as the crusts formed. He said that warm baths had now and then been used with the result of clearing off the crusts, but that fresh ones soon formed. He said further that she had always had weak health and a bad appetite, and that her diet had consisted chiefly of farinaceous food. The other members of the family had enjoyed good health, and some of them had had an eruption like the patient's. It transpired afterwards, however, that every one in the house who had had anything to do with her had been infected with scabies. Some treatment had been adopted lately, but without benefit.

Prof. Boeck was unable to make a diagnosis, or to explain how the

very remarkable crusts had been formed, until he made a microscopical examination, when he was greatly surprised to find that the crusts were almost made up of *sarcoptes scabiei* in various conditions, acari, eggs, egg-shells, and excrement. This was the case whenever the crusts were examined, both on the head and extremities and in the diseased nails. More careful examinations by the author and M. Steffans failed to find any burrows, or, at most, only a single one, while they were also unable to detect any *living* acari, although they made repeated examinations. Investigations by Mr. C. Boeck proved that a large proportion of the acari were males.

Treatment was postponed on account of the interest of the case, with the result that some days after her admission to the hospital several other patients and the ward attendant were attacked with an itching, vesicular eruption on hands and feet. Indeed, while in the hospital, she infected nearly every one in her ward, although, as it is stated, they did not touch her. The disease thus communicated by her to others showed vesicles like those of ordinary scabies. The patients were, however, so importunate about being cured that the author had no opportunity of ascertaining whether the burrows of itch were present, nor whether the disease would, if let alone, have become crusted as in the girl. They were cured by Vienna ointment.

The girl's general symptoms becoming worse, vigorous treatment was begun on *May 16th*, a month after her admission. (During the first week she had had some warm baths, which separated the crusts, but nothing else.) Repeated inunctions were made with Vienna ointment (chalk, sulphur, liquid pitch, soap, and lard), and after twelve applications a warm bath served to detach almost all the remaining crusts.

Temporary improvement in the patient's state was the result, but in three weeks an eruption of vesicles appeared all over the body, and even on the face. They became larger, and in various parts, especially the hands, developed into large pustules. She had, at the same time, more itching than was present even on admission. No distinct burrows could be found, but close to the borders of such portions of crusts as had been left after the last inunction the formation of new crusts could be recognised. The new crusts consisted of two lamellæ, the upper one clear, and composed entirely of epithelium; the lower of greyish colour, and, like the crusts formerly examined, containing *sarcoptes*. It was evident that the crusts had been formed beneath the epidermis. The girl becoming feverish and ill, the same treatment was resumed with the addition of more prolonged and careful applications to the most stubborn parts. She gradually got quite well, the nails being the last parts to resume their healthy state. All treatment was discontinued in *August*.

Four years later Prof. Boeck states that he has kept the patient under

observation, and that she has remained quite free from any return of her former skin disease, being, moreover, much improved in health and intelligence since its cure. It is particularly stated that she was not the subject of any other form of skin disease, leprosy being included.

The author then narrates a second case in an unhealthy woman of thirty-five who was sent to him in May, 1853, by Dr. Sandberg. The disease had been present for several years in some degree, but had only become crusted during the preceding winter. Two patients in the hospital caught it from her. As in the former case, there were a great many male acari, but, unlike that case, ordinary burrows were found in several places.

The author's first case of all occurred before the case of the girl whose portrait furnished the Plate, and was published by him in Cazenave and Chousit's '*Annales des Maladies de la Peau*,' vol. iv, p. 122 (date not mentioned).

Prof. Boeck considers there can be no question that the cases he has described were really instances of common itch which had become intensely aggravated by neglect and great filthiness, and he thinks, from the results of Mr. C. Boeck's repeated examinations of the acari in these cases, that there cannot be the least doubt that the sarcoptes found in the crusts are of the ordinary species. Fuchs, Rigler, and Hebra, who have seen similar cases, all agree, he says, on this point.

With regard to the large proportion of male acari, which he states that Hebra estimates at one third of all the acari present, and which were quite as numerous in the author's patient who furnished the portrait, he does not feel satisfied that the increase is not merely apparent, and suggests that their scarcity in ordinary scabies may be simply due to the way in which they hide themselves on the skin. He remarks, however, though not in this connection, on the affinity between his "*scabies crustosa*" and the itch of some lower animals, and further on gives it as his opinion, from his observations on the two cases here narrated, that in his *scabies crustosa* the crusts may be formed without the previous existence of burrows.

Although the cases here described by Prof. Boeck are instances of a very rare form of disease, it is still a matter of considerable interest to know that a form of itch now and then occurs in man of such excessive severity and prolonged duration as to produce the local conditions delineated in our Plate and the constitutional symptoms narrated. Sufficient importance attaches to the subject to make it worth while to inquire afresh whether in all such cases the parasite causing the disease is really the same as that of common scabies? In similar cases attended by the formation of thick scabs with immense multitudes of acari, it will be well in future to make quite certain that the animals are *Sarcoptes* (burrowing acari), and not the allied genus of *Symbiotes* (gregarious not burrowing, but living in and beneath thick scabs caused by its

DESCRIPTION OF PLATE I.

Human Itch-mite (Sarcoptes hominis).

Fig. 1. Burrow made by the Itch-mite in the epidermis.—At the cœcal end of the burrow the adult female Acarus is seen. An egg is protruding from one side of her body; probably this is due to pressure in mounting the specimen. Further back in the burrow are four eggs and an empty egg-shell with a very young acarus which appears just to have escaped from the latter. The eggs are in different stages of advancement. The burrow also contains some little masses of dark excrementitious matter; these when numerous are visible to the naked eye as minute black dots arranged in a line and aid in the identification of the burrow. The two holes in the wall of the burrow are probably accidental. (From a specimen obtained by Mr. Hutchinson). $\times 50$ diameters.

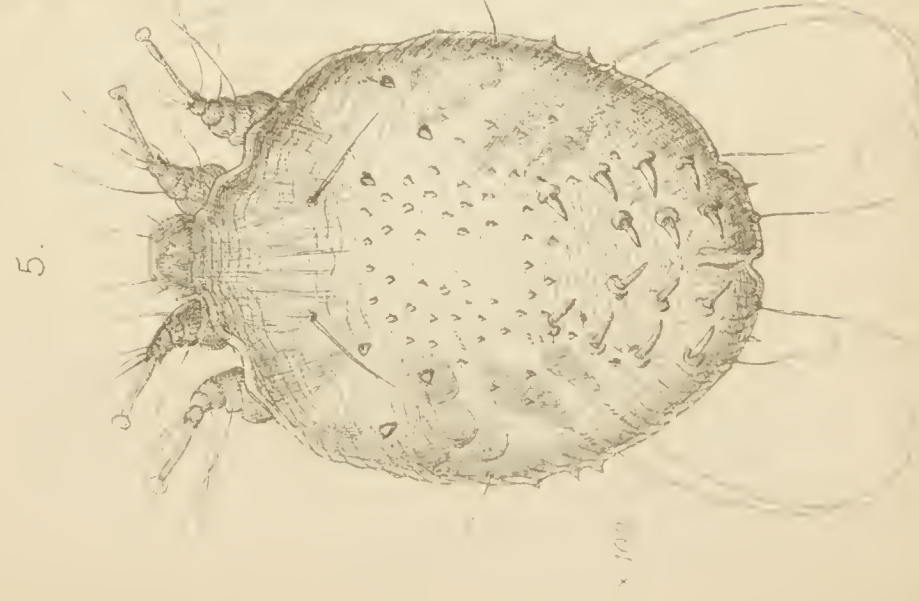
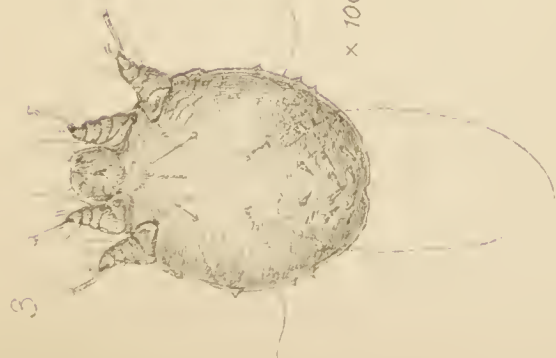
Fig. 2. An egg more highly magnified. $\times 100$.

Fig. 3. A young and immature Acarus (dorsal aspect); it has only six legs, instead of eight as in the adult state. The hindmost pair is seen through the body. $\times 100$.

Fig. 4. Adult male Acarus.—It is much smaller than the female, and is characterised by having suckers on the hindmost pair of limbs as well as on the two front pairs; while in the female only the two front pairs are thus furnished. The intermediate pair in the male is furnished with hairs. The male *Sarcoptes* is rare, and as it does not live in the long burrows inhabited by the female it is difficult to find. $\times 100$.

Figs. 5 and 6. Adult females.—Fig. 5, dorsal aspect; Fig. 6, ventral aspect.—It is much larger than the male; only the two front pairs of limbs are furnished with suckers, the two hindmost pairs having only long hairs. On the animal's back are a number of short, stout spines pointing backwards. An egg is seen in the specimen represented in Fig. 6. $\times 100$.

The female Itch-mite is not difficult to find when the characters of the burrow have been well recognised. The creature may easily be obtained by opening the end of the burrow with a pin, to the point of which it generally clings.



irritating bites, affecting chiefly the lower extremities of horses and horned cattle, and often persisting for several years). In the genus *Symbiotes* (and the allied *Dermatodectes*) it is well known that the males are very numerous, far more so than in *Sarcoptes*. The great abundance of males in Prof. Boeck's cases, taken with the fact that these cases occurred at a time (1851 and 1853) when much less was known of the itch mites of man and the lower animals than has since been established, make it, perhaps, allowable to doubt whether the specific characters of the acari were made out as clearly as would be desirable in future; and this without in the least questioning the carefulness of Mr. C. Boeck's observations, on which the determination rested. No figures of the acari from these cases are given. In the author's earlier work ('*Traité de la Spedalskhed*,' by Danielssen and Boeck, 1848), at Plate XXIV, is given an accurate representation of the common *Sarcoptes scabiei* from a case of aggravated scabies in a leprous patient under the care of Dr. Danielssen in 1844; the acari were found here, especially in the dried discharges from softened and ruptured leprous tubercles. In referring to this case in the present work (1862), Prof. Boeck remarks that he does not think it proved that it was a true case of his *Scabies crustosa*, for in the latter the crusts occur independently of any other form of disease, and are caused solely by the parasites. There is, therefore, no illustration in either of the author's works representing the acarus from a typical case of "Norwegian scabies."

Compare with—

Plate 21 of Willis's Atlas; "Scabies Purulenta."

Same Atlas, Plate 22, "Scabies Impetiginosa."

Plate 1 of Danielssen and Boeck's Atlas.

Plate 58, p. 218, of Cazenave's Atlas.

THE ITCH-INSECTS OF ANIMALS, OCCASIONALLY FOUND IN MAN.

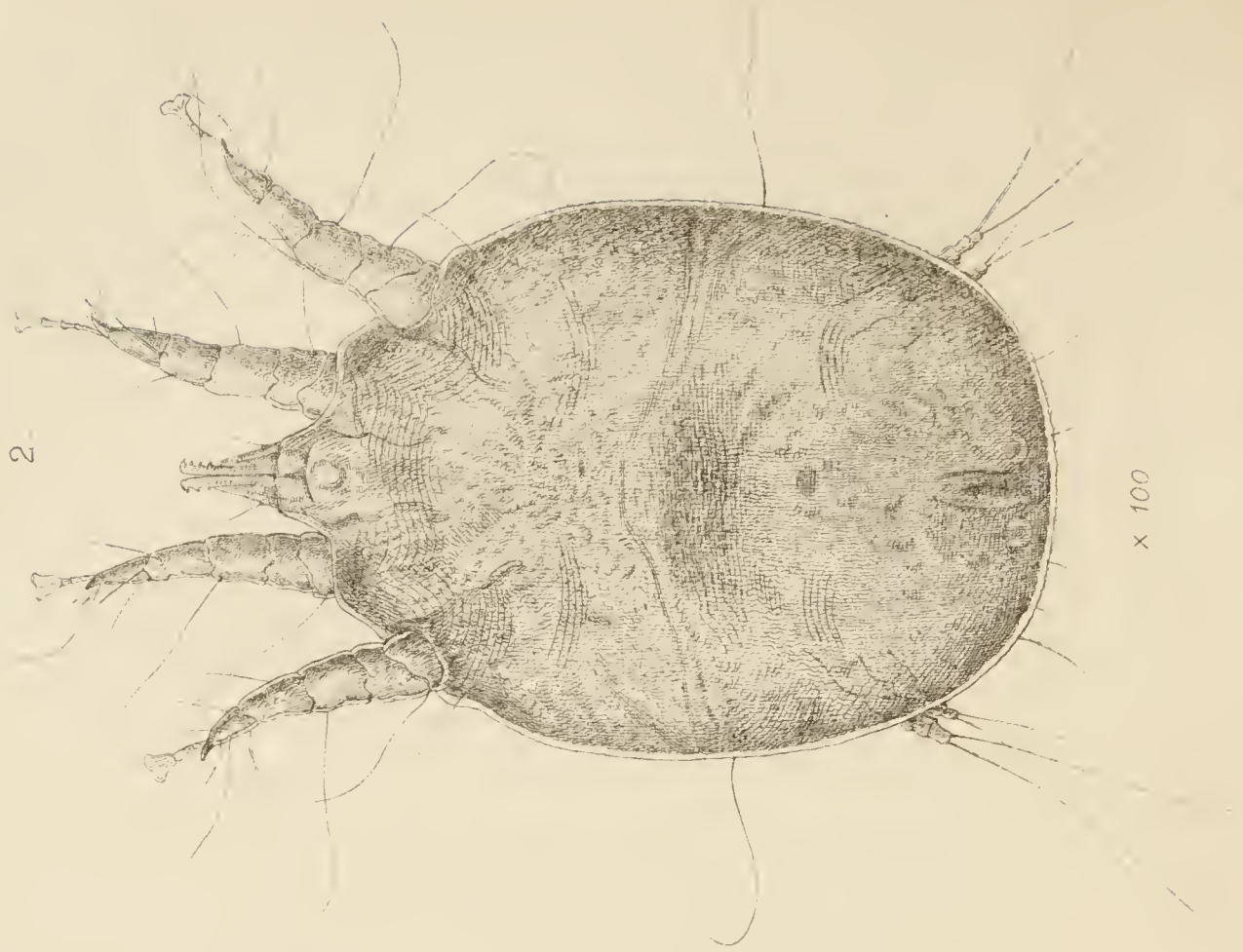
Whilst giving delineations of the itch-insects of man (Lith. Plate I), it has seemed very desirable to exhibit also those closely allied parasites which affect the domesticated animals and occasionally stray on to the skin of their patron. It is certain that in rare instances

these latter insects are the cause of eruptions which are unusual in appearance and perplexing as to diagnosis. It is hoped that the plates now given, in which accurate representations of some of the more common forms of the parasites referred to are placed in juxtaposition, will be found useful by many members of the profession, and will facilitate future investigations. Not improbably the subject may in the future much increase in clinical importance. Its literature, both English and Continental, is already very large, and in several works very accurate delineations of these acari have been given. It has been thought best, however, to execute our plates, as far as possible, from nature. I am indebted to Mr. E. Nettleship for procuring most of the specimens, and for the preparation of the following abstract of extant information on the subject. The plates and their descriptions have been prepared with great care by Mr. Tuffen West.

There are three closely allied genera of minute parasites which produce the eruptions classed as itch in various animals. They all belong to the class Arachnida. They live either on or beneath the epidermis, through which they bite more or less completely, and suck the serous fluid which is exuded in consequence of the irritation they set up. It is stated that they secrete a poisonous saliva which increases the effect of the bites, and that an eruption of itching papules can be produced by the experimental inoculation of the skin with crushed acari.

Genus 1. Sarcoptes.—The species of this genus burrow in the epidermis, being quite concealed by its superficial layers. They soon die in dry air if removed from the living skin, but may probably live ten or twelve days away from their host if the air is kept moist; hence transmission by clothes, bedding, harness, &c., may probably occur. The males are much less numerous than the females.

Genus 2. Dermatodectes or Psoroptes.—These animals simply bite, but do not burrow in the epidermis. They are able to live for several weeks in harness, clothing, &c., away from their



DESCRIPTION OF PLATE II.

The so-called Scab-insect of the sheep (Dermatodectes Ovis.)

The Scab-insect or Scab-mite causes the well-known disease of that name in sheep which is so contagious. It lives on the epidermis and among the scabs produced by its bites, and does not burrow in the skin. It can be easily found by laying the scabs, &c., from a case of this disease on a sheet of paper in the sun, when the animals soon creep out.

Fig. 1 represents the male; Fig. 2 the female. The relative size of the sexes is different from that in the case of *Sarcoptes*, and the males are much more numerous in proportion. $\times 100$.

This mite is considerably larger than the Itch-mite of man.

DESCRIPTION OF PLATE III.

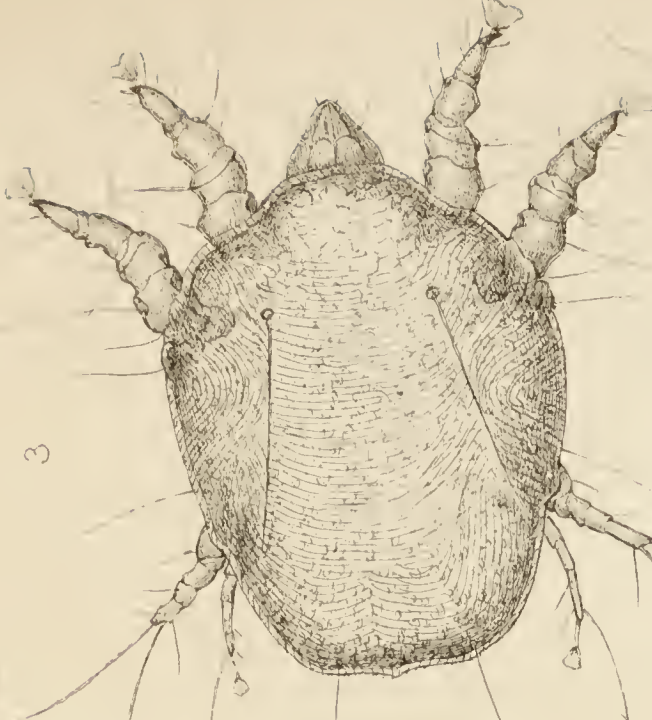
Figs. 1 and 2. *Symbiotes bovis*, one of the mange- or itch-mites of the ox.—Fig. 1 shows an adult male seen from the dorsal aspect. Its most remarkable peculiarity is the development of an additional pair of long appendages (abdominal limbs) at the posterior part of the body; these are closely applied to the back of the female during intercourse. The usual four pairs of limbs are also present, but one of them (that nearest to the above-mentioned additional pair) is very small.

Fig. 2 shows the male and female *in coitu*, the lower and smaller one being the female. Both figures $\times 100$.

This species is gregarious; it does not burrow in the epidermis, but lives amongst the scab produced by its bites. It is rather smaller than the human *Sarcoptes*. The males are rather larger than the females and are very numerous. The *Symbiotes* are easily found, and may often be seen *in coitu*.

Figs. 3 and 4 represent the male and female of another species of mite taken from a calf, probably *Dermatodectes bovis*. Fig. 3 is the male; fig. 4 the female. The relative size of the sexes is the same as in the preceding species and as in *Dermatodectes ovis* (see Plate II). In absolute size this species is much smaller than the *D. ovis*, but a considerable resemblance in form and in the relative size and position of the limbs, &c., will be remarked between the two species. $\times 100$.

Fig. 5. *Leptis autumnalis*, the "harvest-bug."—This creature is probably the immature condition of some other acarus, characterised when adult by the possession of eight legs, instead of six as seen in the figure. The mature state of this animal has not yet been recognised; it is supposed by some zoologists to be a kind of tick, while others think that it is probably one of the Trombididæ. The harvest-bug is bright red. It bites the skin and holds on very firmly, but does not burrow as commonly supposed. $\times 75$.



host, and can resist a considerable degree of cold; they may revive after apparent death. They bite through the epidermis, and this is followed by effusion and thickening which prevents the animal from again feeding easily at the same spot. This is probably the explanation of the fact that the eruptions caused by this genus consist of patches which spread at the edges, the acari, which are very numerous, continually travelling outwards and abandoning the centre of each patch. They are easily found. The males are almost as numerous as the females, and the act of copulation is very prolonged—facts which are probably related to one another.

Genus 3. Symbiotes or Sarco-Dermatodectes.—These creatures are very gregarious and do not migrate much. They bite less deeply and cause less irritation than the preceding genus. They remain stationary in the scabs caused by their bites, and hence the eruption to which they give rise spreads slowly and chiefly in proportion to the increase in the number of acari; for the same reason they are much less contagious than the two other genera. They generally attack the lower parts of the extremities, and appear to flourish better in cold than warm weather, so that the eruption may appear cured in summer and return again in winter. They have great power of resisting changes of temperature and moisture. Copulation is very prolonged, and hence, as in *Dermatodectes*, there are almost as many males as females.

It is still to some extent uncertain whether each of these genera has numerous distinct species, or whether the differences observed between Acari of the same genus, as found inhabiting different animals, are not due simply to variations in their *habitat*. As the differences are, with one or two exceptions which will be mentioned, exceedingly minute, it is probably fair for the present to call them varieties, an opinion to which the most recent authorities evidently incline. Whether we use the word “species” or “variety,” however, it is important to note that an itch-parasite (of whichever *genus*) can, as a rule, prosper and *breed* only on the particular species of animal on whose skin it is commonly found, although it will generally live for a time if transferred to a different kind of animal. Hence the various itch-eruptions caught by man from the lower animals, or by one kind of animal from another, are for the most part slighter in degree than those derived from a host of the same species, and often disappear spontaneously after a time instead of

getting worse. This general statement must not, however, be completely relied on; some exceptions appear to occur, and the careful examination of fresh cases is needed to throw further light on the subject. This is one of the many questions which may be much advanced by the co-operation of veterinary and human medical practitioners.

The following brief outline of the facts at present known, so far as they bear on man, may help to furnish a starting-point for future observations :

1. *Sarcoptes*, burrowing itch-mite. *Species A*, *Sarcoptes scabiei*, *S. hominis*, or *S. communis*.—This is the itch-mite of man. Forms very closely resembling it, if not identical with it, are found on monkeys, on many species of carnivora, both canine and feline (the *Sarcoptes* of the cat, however, being distinct, will be mentioned below), on pigs both wild and domestic, on the horse, ass and mule, and rarely on domestic and wild ruminants—on the sheep very rarely.

Communicability.—The *Sarcoptes of man* is communicable to monkeys; it lives, but does not multiply, when experimentally removed to the horse, ox, sheep, pig and cat; now and then it is transferred successfully in the natural way to the dog. The *Sarcoptes of the horse* lives and causes an eruption on man, but is said to disappear spontaneously in a few weeks. Many cases are on record of numerous cavalry soldiers being infected by their horses. The *Sarcoptes of the ox and sheep* are so rarely found that nothing is known of their communicability to man, but that of the *goat* can live on man. The *Sarcoptes of the pig* lives and produces itch on man, but disappears spontaneously in about a fortnight; the same is the case with the *Sarcoptes of the dog*, which is said to give rise to a mild eruption on man, lasting a few weeks. The *Sarcoptes of the rabbit* infests man, especially children, but is said not to pass to other animals. The *Sarcoptes of monkeys* is communicable to man.

Most of these forms can also live with more or less success on some of the other lower animals also.

Species B, *Sarcoptes cati*, or *S. minor*, living on the cat. It is only about half as large as the former, and is looked upon by many good authorities as a distinct species. It will live for a time on man, especially on children, but the eruption lasts only two or three weeks. It is communicable to several of the other lower animals.

Species C, *Sarcoptes mutans*, is found on fowls. It is larger than the ordinary *Sarcoptes* (of man, &c.), and is so named because the female loses her suckers when adult and impregnated. It is easily communicable to man and to the horse.

2. *Dermatodectes*.—Forms belonging to this genus, doubtfully specific, are found on several herbivora. The *Dermatodectes of the horse* has long been well known; it produces a very temporary eruption on man, and

dies in about two days. It is sometimes transmitted naturally to the ox and sheep, but experimental inoculations have failed to convey it to these animals. The *Dermatodectes of the ox* also produces a transient eruption on man, but soon dies. It is stated not to be transmissible to the horse. The *Dermatodectes of the sheep* is the parasite causing the well-known and highly contagious "scab" so injurious to flocks. It produces scarcely any disturbance on man, and is not communicable to either the horse or ox, nor even to the goat.

3. Symbiotes, gregarious itch-mite.—Probably there is only a single species of this genus. It is found on several species of wild birds and on the large and small domestic herbivora. The *Symbiotes of the horse and ox* live for only a very short time on man, and cause scarcely any disturbance. They are said not to be intercommunicable.

Thus it seems pretty certain that man affords a congenial home only to the genus *Sarcoptes*, all the forms of which burrow in the skin. The horse, dog, and cat, all animals which more than any others are handled by the attendants, are very liable to be invaded by this genus; pigs and fowls also suffer. The other two genera are almost confined to herbivorous animals with thick hairy or woolly coverings, or to birds (*Symbiotes*); they cannot live on man, and no mention is made of their being able to infest the pig.

Man is seriously affected only by *Sarcoptes*; some of the lower animals, however, are equally susceptible to each of the genera. Thus in the horse each genus flourishes, and three varieties of itch are described, each being more or less clearly distinguishable by clinical differences. In the sheep the only common form of itch is the well-known "scab" caused by *Dermatodectes*.

The animals above mentioned are entirely parasitic, living under ordinary circumstances entirely on the hosts which they infest. There are, however, some other mites which, though only partly parasitic, sometimes give rise to more or less disturbance on man. The following are some of these :

Dermanyssus.—This is a genus containing probably several species. The *Dermanyssei* are nearly allied to the Ticks (*Ixodes*). They are blood-suckers, but of very small size. They often exist for a considerable time away from their hosts, *e.g.*, in the crevices of walls, on perches in the fowl-house, &c., and some authors consider them only partly parasitic.

The commonest form is the one found on poultry and in poultry-houses (called *Dermanyssus avium* by Kuckenmeister, and *D. gallinæ* by later writers, to distinguish it from species found on other birds). It is a very small but active animal, and might with the naked eye be mis-

taken at first sight for a very young louse. When fasting it is whitish ; when full it is somewhat larger and of a bright red or some shade of brown, according to circumstances. It is common in poultry-houses, where it is sometimes found in very large numbers, both on the poultry and (in the daytime at least) on the perches, crevices in the mortar, feathers and straw of the nests, &c. Persons who often go into the fowl-house, especially if the poultry are much disturbed and fly about, are very apt to be temporarily infested by numbers of these mites which produce more or less irritation. A few years ago, in the case of a woman who applied at the Hospital for Diseases of the Skin with symptoms of prurigo, these mites were found in considerable number on her outer clothes. On inquiry, it was found that she often had occasion to go into the fowl-house of the school where she was a servant. Her master obligingly allowed the place to be examined, and it was found that the walls, dropped feathers, straw, &c., were crowded with animals precisely resembling those present on the woman's clothes. Although in this case there was no doubt that the symptoms present when the woman applied were due to these poultry mites, it is probable that she had also had a few *pediculi*, for several empty egg-shells of lice were found on her shawl, and in one of these, curiously enough, a *Dermanyssus* had deposited its own egg (see Pl. IV., Fig. 7).

This parasite also affects the horse, causing the so-called "poultry-lousiness" of this animal.

There are one or two other genera nearly allied to *Dermanyssus* which sometimes wander to horses and to men, and cause a troublesome itching eruption. Thus Megnin in his 'Dermatologie Hippique,' 1868, figures a species of *Gamasus* which lives among mouldy or dusty forage, and sometimes attacks horses when fed on such food.

Mr. Tuffen West tells me that the genus *Gamasus* is a large one, and that "all the species whose habits are known feed on the juices of living animals, and must, therefore, be considered as strictly parasitic, although they are capable of enduring long fasts." Probably, therefore, it will repay further study, especially as regards the possible infection of human beings by forms derived from other birds than poultry.

The "Harvest-bug" (*Leptis autumnalis*, or *Trombidium autumnale*) is a minute red mite of bright red colour with a very soft body and six legs. It is believed to be the immature form of some other mite, the mature state not having yet been identified. It does not burrow, but bites superficially and holds on so firmly that it can only be removed entire with great difficulty. Its head is furnished with two lancets, which diverge and thus probably assist the firmness of its attachment to the skin. The irritation of its bite produces an itching wheal which is often very troublesome. The creature is much commoner in some places than in others, and is said to be especially abundant on chalk soils. It is

DESCRIPTION OF PLATE IV.

This Plate represents various stages of *Dermanyssus gallinæ*, the itch-mite of domestic fowls, a creature which occasionally produces much irritation in man and the horse.

Fig. 1 shows an adult female containing an egg.

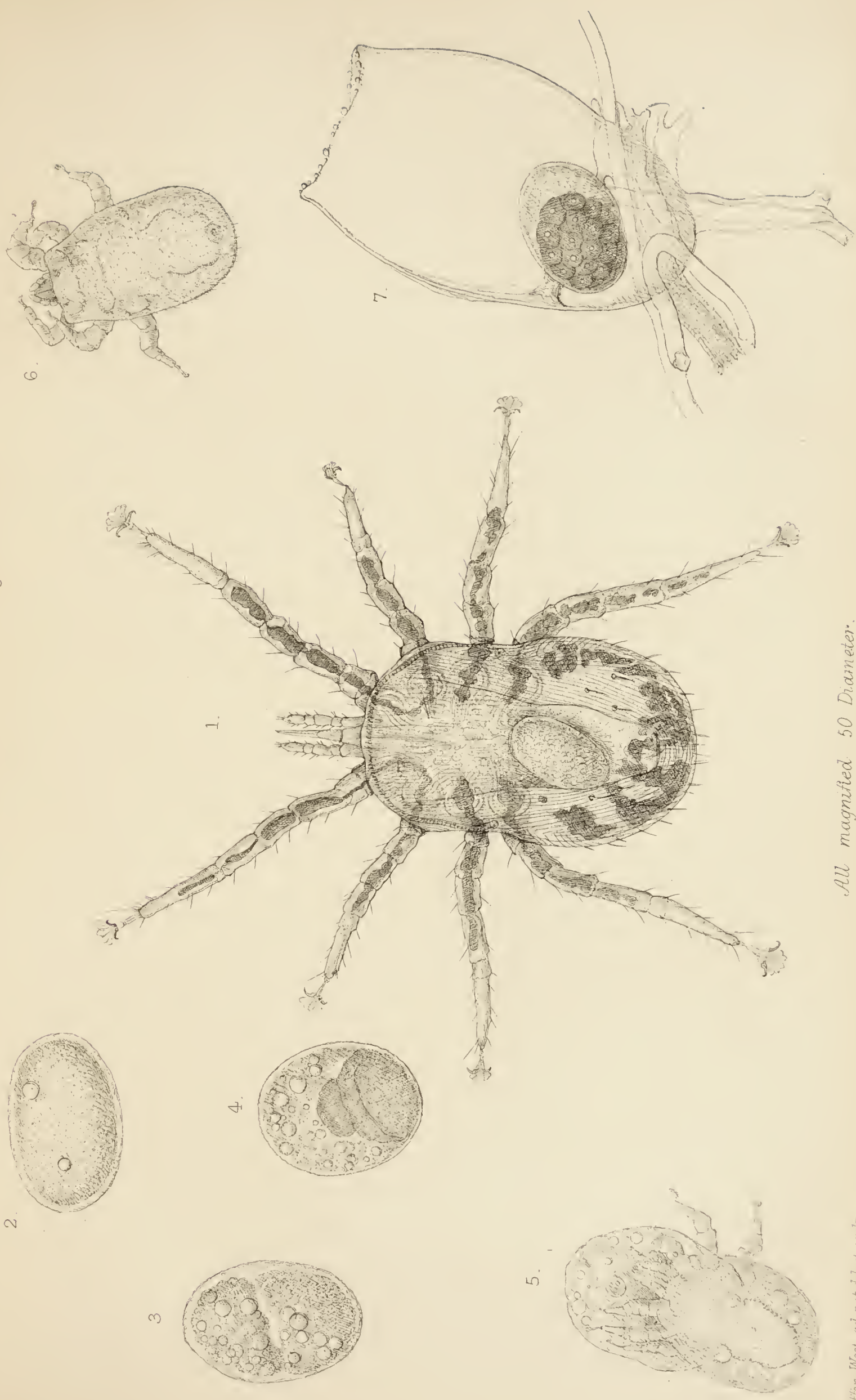
Figs. 2 to 6, eggs and newly hatched mites.

Fig. 7 shows the egg of a *Dermanyssus* deposited within the empty egg-shell of a human body-louse (*Pediculus vestimenti*). All these figs. $\times 50$.

The specimens which furnished figs. 1 and 7 were taken from the clothes of a woman who applied at the Hospital for Diseases of the Skin in 1870 on account of irritation caused by the *Dermanyssus*. She also had a few eggs of pediculi on her clothes.

The *Dermanyssus* is easy to find, being about as large as the egg of a louse and very active.

c



All magnified 50 Diameter.

Truffen West ad nat del. et sculp

W. West & Co. imp.

found on the leaves of certain plants, especially the raspberry and the French bean. It rarely appears before June or July.

(These facts as to the *Leptis* are from a paper by the late Dr. J. J. Wright, M.D., in the 'Journal of the Quekett Microscopical Club,' No. 9, January, 1870, p. 1.)

The larger parasites will be included in a future number.

The above notes have been taken chiefly from the articles "Gale" and "Parasite" in A. Zundel's edition of Hurler d'Arboval's 'Dict. de Méd. et de Chirurgie et d'Hygiène Vétérinaires,' 1874 and 1875, where the reader will find much additional matter and references to the principal original monographs, &c., connected with this intricate subject. Among the most important recent authors may be mentioned Bourgingnon and Delafond (1851 and 1862), Gerlach (1857 and 1872), Robin, Fürstenberg, Megnin (1868 and 1872). Erasmus Wilson described and figured the "*Acarus equi*" (probably *Dermatodectes*) in 1843-4 (see 'Diseases of the Skin,' p. 824, 1867). Other authors are mentioned by Hebra ('Diseases of the Skin,' N. S. Soc.'s translation, vol. II, pp. 185—192, &c.). Megnin, in his 'Dermatologie Hippique,' mentions an Atlas of Photographs of Acari, exhibited by M. Neith, of Namur, in the Paris Exhibition of 1867; this would probably be a valuable work.

PLATE XXVIII.

GYRATE SYPHILITIC PSORIASIS.

(Left hand figure.)

This Plate contains two portraits from perfectly distinct subjects. The one to the left illustrates GYRATE SYPHILITIC PSORIASIS. The patient was an infant of about six months old who was under my care at the Metropolitan Free Hospital about eight years ago with a clear history of inherited syphilis. The eruption was peculiar in character and much more resembled certain forms which are met with in the adult than what is usual in those with inherited taint. It consisted of margined patches, some of them irregularly ringed and others gyrate, and was chiefly limited to the face. It bore some slight resemblance to common ringworm, but there was more of infiltration of the skin and more of epidermic and purulent scab than is usual in that malady. Under mercurial treatment it soon disappeared and the child regained good health. About six years later the same child was brought to me at the Moorfields Ophthalmic Hospital on account of interstitial keratitis. I had quite forgotten it, and only when the father reminded me that the child's portrait had been taken on a former occasion was I able by reference to my notes to identify the case. It was toler-

ably well grown and did not present in physiognomy, &c., anything which could be recognised as due to syphilis. The keratitis was double and interstitial, and was quite characteristic.

This case becomes incidentally of great value in proof of the syphilitic nature of interstitial keratitis. It was by the merest chance that the child, when suffering from the latter malady, came under the care of the same surgeon who had attended her for infantile syphilis. Had not this source of information been extant, there was nothing in the child's physiognomy or teeth on the second occasion which could have supported the diagnosis of inherited taint, and it might easily, by those who do not consider this peculiar form of keratitis in itself sufficient to supply the grounds of diagnosis, have been regarded as a case in which there was nothing to corroborate the modern doctrine.

Compare with—

Plate 85 of Willis's Atlas.

PORRIGO CONTAGIOSA.

(Right hand figure of Plate XXVIII.)

The second portrait of this Plate shows the thick, heaped-up, dirty scabs of the eruption which is usually known at Blackfriars Hospital as PORRIGO CONTAGIOSA. The theory is that this eruption is due to the transplantation of pus-cells by the patient's fingers from one part to another. It is believed to be contagious, not only

to different parts of the skin of the same patient, but also to other persons. It may originate from any cause which induces the formation of pus, such, for instance, as a scratch. In the present instance it resulted, as it not very unfrequently does, from suppuration under the scab left by vaccination. The early stage of the eruption is usually an irregular vesication, the contents of which rapidly become purulent. One such is seen on the child's back. This eruption is to be distinguished from true Eczema in that the discharge is opaque, purulent and glutinous, forming a thick greenish-yellow scab, quite different from the thin, flaky, half transparent crusts which characterise Eczema. In Eczema the margins of the patches are usually reddened beyond the crusts, but in Porrigo the crust covers completely the whole of the inflamed patch. The secretion of Eczema makes linen rigid as if starched; that of Porrigo differs little in its effects from pus. The two may undoubtedly often run into each other and are closely allied forms of inflammation of the skin; they may coexist and complicate each other, but it is yet of much practical importance to distinguish them, for whilst Eczema in most cases acknowledges a constitutional predisposition and is somewhat difficult of cure, Porrigo is almost purely local and may be cured with the greatest ease. In the present instance, under the liberal use of an ointment containing the ammonio-chloride of mercury, in the course of about ten days the child was almost well. It is essential to success in treatment that the scabs should be completely removed and the ointment applied to the surface beneath. The contrast in appearance between true Eczema and contagious Porrigo may easily be realised

by comparing this portrait with Plate XVI of this Atlas. COMMON CONTAGIOUS PORRIGO is illustrated also by Plate XX, from a case in which the disease occurred in connection with the irritation of lice.

PLATE XXIX.

ELEPHANTIASIS GRÆCORUM, OR
TRUE LEPROSY.

(Two portraits from different subjects.)

This Plate contains portraits from two patients which illustrate the two chief forms of this remarkable disease. The portrait of the woman shows well the peculiar appearance of the face produced in the tubercular variety. The tint of the skin is everywhere brown and earthy, and on the forehead, cheeks, and chin are seen nodulated folds and tubercles of a yet more dusky tint. The eyebrows have been destroyed, and large tuberous masses occupy their positions. In both eyes the corneæ have become opaque, with a central but somewhat diffused leucoma, and in each a tubercle in the conjunctiva is seen encroaching on the corneal edge. The patient presented more or less similar conditions, though less advanced, on most parts of her body, and both ulnar nerves were considerably enlarged. Many parts of her skin were more or less numb, but she had no well-defined patches which were quite anæsthetic.

The woman who was the subject of the sketch was sent to me by Dr. Macnamara from Calcutta, and brought with her also some particulars of her case from Dr. O'Connell Raye, at that time Garrison Surgeon at Fort William. A very interesting point in the history is that it was quite certain that there was no

inherited tendency, and that neither she nor her parents had been born in a leprosy district. She was the wife of a sergeant in the army, and was born in Ireland of Irish parents. She had lived in India for twenty years before any symptoms of leprosy showed themselves, and she had been the subject of the disease for about three years when this portrait was taken. The disease had begun, as usual, by the formation of small, dusky tubercles in her eyebrows, and had gradually spread over the whole body. Dr. Raye wrote me that he had inquired very minutely regarding the possibility of contagion, but had failed to trace any evidence pointing to such a source of origin. I inquired carefully as to her habits of diet, but it did not appear that she had been accustomed to eat fish at all largely. She had never had syphilis, and her husband had remained throughout in perfect health. During the early part of her residence in India she had enjoyed good health, but latterly she had suffered much from ague and diarrhœa. It seemed not improbable that her leprosy was of longer duration than she stated, and that she had overlooked its earlier stages.

The lower portrait of the same Plate represents the front of the thigh and knee of a man who was a patient in the London Hospital in 1863. His age was 56, and he was the subject of leprosy both in its tubercular and anæsthetic forms. In his eyebrows there were dusky tubercles like those shown in the woman's portrait, but on a much smaller scale. His cheeks were covered with thick bossy folds of dusky integument, between which the skin was thin and pale. On his arms were very large patches of

bluish-white skin, decidedly thinned, and in most parts quite without sensation. Between these patches the skin was raised, thickened, hot, hyperæsthetic, and of a dusky livid colour. He complained much of "numbness and pins-and-needles" in his hands and feet, and the skin of these parts—especially of the fingers and toes—was much thickened in folds. These raised patches and folds of skin could scarcely be described as tubercles either on his face or hands; those on his face rather resembled gigantic papules. The state of the skin on his left thigh (which is well illustrated in the portrait) was very similar to that of the skin of his upper arms. The white anæsthetic portions made up the larger half of the surface, and their borders were always convex, showing that they were aggressive. On these patches he could not feel when a pin was thrust into the skin. Between them the skin was thickened and of a purplish-brown, being also exceedingly tender. The change into the white condition seemed to begin very gradually. Once, while testing his power of sensation, I touched with the compass-points a part on the upper region of the thigh which I believed to be still healthy, but to my surprise he said he could not feel. On looking more carefully I found that the part was decidedly white, with an indistinct margin; the change of colour, however, was so slight that it might easily have escaped notice, although there was no doubt about it when once seen. This patient was a sailor, a native of Scotland, who had for nearly thirty years sailed regularly to and from Barbadoes, remaining there about six weeks at each visit, but living on his ship almost the whole time. He denied that he had ever had syphilis, and there was no evidence of the disease to be detected.

The first symptoms of his leprosy had appeared about a year and a half before he came under care, and although the disease was still aggressive it had not yet become extensive enough to interfere much with his muscular strength or his feeling of health. He was married, but had no family.

It will be observed that each of these portraits supplies us with an example of what is very rare—the development of leprosy *de novo* in a person not born in a leprosy district. In each instance it was quite certain that there was no inherited taint. As is well known, members of the white population of India, and of other districts where leprosy is endemic, as a rule entertain no fear of becoming affected by the disease. They regard it not only as a disease of the locality, but also as restricted to the native race. It is just the same in Norway, where peasants alone suffer from it, and the richer classes do not fear it in the least unless intermarriage should occur. It is certainly very difficult to account for its outbreak in the two individuals whose cases are detailed above. Neither of them had been exposed to any influences likely to deteriorate their general health, and neither had suffered from any hardships whatever. Both had lived in leprosy districts, one continuously for many years, the other only occasionally. It is difficult not to suspect that something in connection with the food eaten (fish?) was the cause of their disease.

Compare with—

Plates 38 and 39, Cazenave's Atlas.

The same, Plate 40, A European who had lived twenty years in the Colonies.

Plate 34, p. 133, Alibert's Atlas.

Plates 9, 10, and 11 of the Atlas of Danielssen and Boeck.

See Atlas of Photographs of Leprosy published by Dr. A. F. Anderson, Assist. Colonial Surgeon, Singapore.

See also a number of excellent photographs, models illustrating all stages of Leprosy, in Group VIII of Professor Wilson's Collection in the Museum of the College of Surgeons.

PLATE XXX.

PITYRIASIS RUBRA.

In this portrait we have a very characteristic example of a severe form of this curious malady. The skin is seen to be everywhere intensely congested and there are large flakes of peeling epidermis. Although the inflammation of the skin is absolutely universal we may note that the greatest amount of disorder of nutrition produced is in the palms and soles and about the nails. The portrait shows the arm simply red and almost destitute of scales, but it is desirable to explain that this was only a temporary condition; more usually it exhibited flakes of epidermic exfoliation like those seen on the leg. The disease had begun, as is usual, without apparent cause in an elderly person. It proved, as is usual, not amenable to treatment, but it finally, after long duration, got perfectly well. The cure did not appear to be in connection with any special plan of treatment which we were carrying out, and it occurred whilst the patient was staying at her own house and using her ordinary diet. The old lady died, I believe of apoplexy, two or three years after recovery, having remained in the interval perfectly well.

The following are the details of her case :

Mrs. Nelhams at the time of her illness was aged 77; she was of fair complexion; through life she had been remarkable for the clearness of her skin—‘an alabaster skin,’ to use her sister’s expression. In a general way she had enjoyed good health; excepting a little eruption in her ears in early life she had never ‘had a speck or blemish.’ She mar-

ried late in life and never had any family. Her skin was usually dry and even in hot weather she scarcely ever perspired. I take these facts from her statement; in proof of non-perspiration she added 'I was never troubled with my gloves getting moist when I was hot. My skin used to get very hot but scarcely ever perspired.' This was reported to be a family peculiarity. She and all her family were nervous, very restless, and easily alarmed.

The summer of 1868 was unusually hot. Towards its end, but during the hottest part, *i.e.* September, her skin disease began. She had been feeling quite well, when rather suddenly she observed her hands and arms unusually red, next she had intolerable itching in her back between the shoulders and over the loins and buttocks. This itching was such that she spent almost the whole night in scratching or in rubbing her back against the bedpost. In the course of two or three days the eruption was out over the entire surface, both limbs and trunk. She now consulted Dr. Coward, of Stepney Green, by whom various remedies were employed, and afterwards she was seen in consultation by an able specialist.

I saw her first in January, 1869, at Dr. Coward's request and in consultation with him. Her condition may be described by saying that her trunk and limbs, with the exception of the hands and feet, were everywhere red and covered with thin branny flakes of epidermis. There was no accumulation of crusts whatever, and the epidermis when detached was as thin as tissue paper. Where it had peeled there was not the slightest moist exudation, but the skin remained red and dry. On the arms there was very little desquamation, but the skin was red and branny. On the buttocks the epidermic accumulations were thicker, but still quite dry. Nowhere was there the slightest tendency to form patches. Her hands and feet presented great peculiarities. On the soles and palms the dry epidermis had accumulated in successive layers of exfoliation, until a mass a third of an inch thick was produced. These epidermic crusts differed from those of psoriasis in that they were quite flat on the surface and split up into layers like the leaves of a book instead of into separate scales. Layers several inches long might thus easily be obtained. The skin beneath was not thickened or cracked or eroded in any way. The pulps of the fingers and toes had thinned and the nails had become long and thick and curved, so that her fingers looked like talons. Her nails had become narrow and very convex as if they had been pinched. At the roots of the nails were thick epidermic accumulations. The same description may apply to both hands and both feet.

On her neck there was but little desquamation and not much on some parts of her face, but on the nose and adjacent parts another kind of crust had taken the place of the scaly one. It consisted of a mail of dried

sebaceous matter an eighth of an inch thick and broken into separate plates as seen in *Ichthyosis spuria*. Her scalp was covered with a crust of this kind, which matted together what remained of the hairs (the latter few and short) into a dry whitish crust half an inch thick. This crust exactly capped the scalp and did not extend in the least upon the adjacent parts of the neck. It had remained for many weeks just as at first, but gradually gaining in thickness without the least tendency to become moist or offensive.

Mr. Burgess took for me at this date coloured portraits of a foot and hand, the latter back and front. The poor old lady had been confined to her bed from the first and was now much emaciated from the loss of rest, &c. Her tongue, however, was clean, and her strength fair. She could take some food and had but little general disturbance considering the extent of the surface implicated.

I saw her again on April 12th. During the interval we had allowed her wine and administered arsenic, but both had been left off for three weeks before the latter date. She thought she had improved since leaving them off, especially since omitting the wine. The improvement consisted in the skin generally having become less congested and less irritable. On the face some of the seborrhœal plates had fallen. She was sitting up at the time of my visit and was quite able to walk across the room. Her hands were so crippled by the curving and stiffening of the fingers that she could not use them for anything. Her nails had grown longer and more claw-like. The quantity of epidermis daily lost was very large, she said "a dust-pan full." It fell off at every step. Large papery pieces an inch or two across might be peeled from any part of the legs or arms.

From her face and nose the thick seborrhœal crust had partially fallen, but patches with abrupt borders still remained; thus the tip and alæ of nose were still covered. I tried to detach some of this and found that papillæ grew into it from below and sometimes bled when it was taken away. It was more than a quarter of an inch thick in the tip of the nose.

Her tongue was quite clean and appetite moderate; she was obliged to take opiates in order to get rest at night, but the irritation of the skin was much less than formerly. At one time the pulps of her fingers had been so painful that she could not bear them touched or to put them in warm water. This might perhaps be from their denuded condition.

She told me that all through her life her nails, although well formed, had been remarkably hard and brittle, so that she could not cut them easily. On her face the skin appeared to be contracting somewhat, and looked rather tight. Her eyes were irritable and there was some mucous discharge.

As already stated above, this patient in the end made a good recovery. Her skin and nails returned to the original condition and she enjoyed for several years excellent health. She died recently of apoplexy, not having experienced any relapse of her eruption. Her recovery was not attributable to any plan of treatment, and occurred indeed after all special measures had been abandoned.

We must note in this case—

The patient's previous peculiarities, non-perspiring skin, brittle nails, and nervous constitution.

The suddenness of the outbreak during and after very hot weather.

The universality of the skin-inflammation, it being modified only by local peculiarities of structure.

The absence of general constitutional disturbance excepting such as the skin-inflammation explained.

The fact that the mucous membranes entirely escaped.

The well-marked pityriasis character of the eruption in all parts except the face and scalp, *i. e.* a peeling of thin flakes of epidermis.

The entire absence at all stages and in all parts of any tendency to eczematous inflammation.

The seborrhoeal crust which formed in the nose, forehead, and scalp.

Entire absence of deposit in the skin or of thickening.

Whilst a very well-marked example of the class, my case would seem to have exceeded in severity, and especially in suddenness of outbreak, any case yet on record. It appeared to threaten a fatal termination even within a few months of its commencement.

The itching was also much more at the outset than is stated by either Professor Hebra or Professor Wilson to have been present in their cases.

Mr. Wilson mentions three cases.

An old gentleman of 68, for twenty years liable to desquamation of the palms, and habitually the subject of dry skin. During several attacks the dermatitis was limited to the hands, but after an attack of erysipelas it became general. There was a slight tendency to eczema. This patient, although better, still suffered at date of report.

In the second case a lady of 71 had the disease of palms only. It had lasted a year.

The subject of the third was a gentleman of 69. It was a well-marked case, sudden in outbreak and general in extent. He recovered in the summer, but relapsed in the following October. It again persisted through the winter, and in February he died of an attack of bronchitis, the skin disease, although improving, being still present.

Hebra does not give details as to any one of the three cases which appear to be the only ones that have come under his notice. All proved fatal, but only after a duration of many years. He states that during the early stages the patients suffered little or nothing in general health, but that marasmus and debility slowly supervened. He limits the name to cases in which the eruption is universal, but surely without good cause. He makes no statement as to the ages of his patients or previous state of health or other peculiarities; nor does he mention the peculiarities displayed by the disease in the soles and palms nor the changes induced in the nails.

Both Hebra and Wilson agree that there is seldom much itching.

Local emollients, the warm bath, and simple ointments are the sole measures which have been found

useful. Arsenic and mercury have been tried and without benefit.

In seeking out other affections allied to this we must keep in mind the main clinical features, an inflammation of the skin tending to become general, unattended by constitutional disturbance, but slowly inducing marasmus and debility; no affection of mucous membranes; not influenced by any specific treatment.

Pemphigus foliaceus probably nearly fits with these points, the chief difference between it and *pityriasis rubra* being in the form of the eruption.

We must also keep in mind the cases in which only the palms and soles are affected.

PLATE XXXI.

PAPULO-SCALY SYPHILITIC
RASH.

This portrait shows one of the commonest forms of the syphilitic exanthem or secondary rash. The spots vary in size from pin's heads to the diameter of a four-penny piece. They are red with a slight copper tint, somewhat raised and many of them slightly scaly. It is to be noted that they occur equally on the two halves of the body, and that they are arranged with fairly exact symmetry. This symmetry is almost invariably observed in the secondary stage of syphilis, and it is almost invariably absent in the skin eruptions which occur in the tertiary stage. Such an eruption as is seen in this plate is never under any circumstances produced excepting within a recent period of the date of contagion. This important fact is well illustrated in the present instance, for it happened that the man had his primary sore in a somewhat unusual position, and that it still displayed its characteristic features. On the pubes are seen three separate chancres, two small ones side by side, and a very large one below them. There was a good deal of inflammatory swelling at the base of these sores, and their surfaces were covered by a dirty scab, but the edges of all three were most typically indurated. The date of contagion was between two and three months before the sketch was taken, and from

the man's statements it appeared probable that the chancres had been present for nearly two months. There were some indurated glands (the "bullet bubo") in each groin, but with no tendency to suppuration. There were symmetrical ulcers in the tonsils. The man had as yet had no treatment ; indeed, the character of the sores on the pubes had not been suspected. Under treatment by small doses of mercury he rapidly improved. The chancres healed and the eruption disappeared.

PLATE XXXII.
PRURIGINOUS IMPETIGO
AFTER VARICELLA.

This plate gives the portrait of the face, arm, and leg of a child who was the subject of a peculiar form of pruriginous impetigo which is not very unfrequently met with as a sequel of varicella. The skin of all the parts shown is covered with small pustules and superficial ulcerations which have resulted from scratching. In some places there are blood-crusts over the spots, and in some there are circumscribed pus-scabs. On the scalp the pus-scabs are large and thick, and of the kind to which at the Blackfriars Hospital it is customary to give the name *Porrigo* as distinct from *Eczema*—a condition which is illustrated in Plate No. XXVIII, where the *porrigo* followed vaccination. The term *Porrigo* is intended to imply an eruption due to local pus inoculation and usually to be quickly cured by local remedies. It is counted as a form of *eczema* by most authorities. In the present instance the *porrigo* element, although conspicuous and characteristic, must be regarded as a complication of the case and by no means an essential part of the eruption. It is indeed one which is often superadded whenever a child of delicate skin becomes the subject of any kind of pus-secreting sore.

Respecting the pruriginous impetigo which the plate is chiefly intended to illustrate we must note that it

occurs on every part of the surface and almost without preference for locality, the palms of the hands and soles of the feet being also affected. The eruption begins as small papules more or less pointed and which look as if about to form pustules, but which unless scratched rarely do so. The spots are always attended by intolerable itching, and, owing to tearing by the child's nails, are generally made to pass into the condition of small ulcers. It is to be noted, however, that there is usually no tendency for the skin to become diffusely eczematous, the spots remaining from first to last separate from each other. A point of great interest in connection with these cases is that in almost all cases the eruption comes out suddenly and consists of clear vesicles, which are diagnosed as *Varicella* or sometimes as "modified *Variola*." After the first eruption in some cases, however, no true vesicles, none in the least like those of *varicella*, appear, but only successive crops of itching papules such as have been described. In others, however, successive crops of vesicles or small bullæ are noticed. In a few instances I have known the eruption attributed to vaccination, but in these also it began with vesicles which looked like those of *Varicella*.

My impression is that the diagnosis of *Varicella* in the first stage of most of these cases was quite correct, and that the eruption is to be regarded as a sequel of that exanthem, and due not improbably to some peculiar pruriginous liability on the part of the patient's skin. It differs only in certain minor points from the eruption known as *Lichen urticatus*, in which again the pruriginous susceptibility seems to be the chief cause of the eruption, the latter being evoked by local irritation, flea-bites,

lice, woollen clothing, &c., which in other children would be quite inadequate to the result.

I have before me the notes of more than ten examples of this eruption, most of which were very intractable under treatment. They were all isolated cases, but in connection with the subject it is not without importance to note that M. Trousseau has recorded in his lectures* that during an epidemic of varicella at the Necker Hospital, most of the cases were protracted and passed into a form of ulcerating pemphigus. It is not mentioned that in this instance the eruptions were especially pruriginous, nor is anything said as to the soles and palms being affected, both of which features appeared to be important in all my cases.

The patient from whom the portrait was taken was aged three months, and the eruption had lasted six weeks. In the first instance it was on the arms and legs and was diagnosed as smallpox, but the mother described it as consisting of large clear watery blebs. The infant had never been vaccinated.

* See New Sydenham Society's Translation, vol. ii, page 159.

PLATE XXXIII.

HYDROA FROM IODIDE OF
POTASSIUM.

The term Hydroa was brought into use by M. Bazin about fifteen years ago, and was intended to designate an eruption which consists of vesicles and bullæ, containing at first clear watery fluid, but which differs both in its local characters and in its clinical history from Pemphigus, Eczema, and Herpes. M. Bazin described several different forms, and especially noted that it was difficult to distinguish some of them, in the early stage particularly, from Variola.

The eruption is one of very considerable importance in practice, although by no means common, since it is liable to lead to very serious mistakes. Some of its forms remarkably resemble syphilitic eruptions, whilst others, as first stated, may be easily mistaken for small-pox. To these dangers of error I believe we may now add a third, and say that it is very possible to fail to recognise the true cause of the malady, and prescribe for its cure the very drug which has produced it. To this latter error I must myself plead guilty, having observed and published several cases under the name of Hydroa, without having suspected that they were really rashes produced by the iodide of potassium.

Whether, when the fact, which is I think now beyond doubt, that a large number of the cases of Hydroa are

directly due to the iodide is fully recognised, there will still remain many fitting with M. Bazin's descriptions, is a question which it would be premature to attempt to decide. My impression is that there are some, though perhaps not many and by no means the most characteristic, which cannot be so explained. In future investigations of the causes of Hydroa in individual cases, it will certainly be necessary to keep in mind that the bromide* as well as the iodide, and very possibly some other salts, may produce similar eruptions. The publication of this portrait will, it is hoped, since it affords a very good idea of this kind of eruption, materially assist in the further investigation of the subject. For the following notes of the case I am indebted to my colleague Dr. Stephen Mackenzie, who was at the time of its occurrence the resident medical officer at the London Hospital.

J. C., æt. 50, married. This patient came to the London Hospital on July 5th, 1871, at a time when smallpox was rather prevalent in the metropolis, and the appearance of her face was so suggestive of that disease that she was detained by the gate-porter until she was seen by me. The condition of the face certainly justified the suspicion. Scattered over it were a number of papules of rather vivid red colour. They were most numerous in the central parts of the face (cheeks, upper lip, and nose), and at these parts several had coalesced so as to form patches. There was a similar papular eruption on the fronts and backs of both forearms and hands. There was no eruption on any other part of the skin. I made no note at the time, but my impression a few days after, when writing out the notes, was, that there were some raised red spots on the mucous membrane of the soft palate. The conjunctivæ were injected and watery, and she complained of their being painful and of the nose being sore. She had a good deal of frontal headache; no pain

* See an important paper by Dr. W. Cholmeley in the third volume of the Clinical Society's 'Transactions.' A very severe case of bromide eruption is the subject of Plate XLIII of this atlas, and is described at page 160 of this catalogue,

in the back, and no vomiting; loss of appetite, bowels confined, skin hot and dry, temp. 101.1° Fahr. Her statement was that she had had some slight blotches on the skin of the face and hands for a few days previously, and believing that venereal disease had been communicated to her by her husband, she sought medical advice. Some medicine was given her by a practitioner, and about three days after taking it (the day before admission) she noticed the watering of the eyes, headache, soreness of nose, and the eruption observed when she came to the hospital.

The conclusion I came to was that the case was either one of hydroa or the iodide of potassium eruption.

Later in the day the medicine which she had been taking was procured, and when examined was found to contain iodide of potassium. The patient was given an aperient draught, and was ordered *mistura rubra* thrice daily.

On July 6th the eruption was somewhat faded but still distinct. As in the evening the eruption was still more faded, it was decided to give iodide of potassium, to see how the eruption was influenced by the drug. It is worthy of remark, that the temperature had fallen on this evening to 98.8° Fahr. The following was prescribed: iodide of potassium 10 grains, aromatic spirits of ammonia half a drachm, water one ounce To be taken three times a day. She took this medicine from the evening of the 6th to the 8th of July; on the latter day it was obliged to be discontinued, as the eruption was aggravated. The pain in the head and the coryza had greatly increased, the temperature had risen to 103.4° , and the patient seemed profoundly ill. She was therefore again placed on *mistura rubra*.

The eruption and constitutional disturbance subsided coincidently with the discontinuance of the iodine. On July 17th the temperature was normal and the patient was allowed to get up. She was made an out-patient on August 7th. At this time all that could be seen of the remains of the eruption was a slight reddish staining of the skin in the situations of the papules. At no time was there any eruption on the skin, except on the face and the forearms and hands. It should be mentioned that it was found that the patient was the subject of heart disease (mitral stenosis), which, though not of special importance at this stage of the patient's history, played an important rôle, perhaps, in her later symptoms and eventually led to her death.

She went into the country for a fortnight, taking with her an iron mixture; whilst there she improved, and the eruption had so far disappeared that, in her own words, "no one could have seen anything on her face or hands." A week after her return to town she lost ground again, "felt inwardly bad, as though she had a slow fever," had pains in her chest and loss of appetite; she had also a great burning and

itching in the skin of forearms and face, and she noticed that there were red blotches in the skin in those situations (similar to what was seen on Oct. 2nd, when she was readmitted, namely, irregular-shaped reddish-brown patches of staining).

She showed this eruption to the assistant physician, under whose care she was, and she was ordered a mixture containing five grains of iodide of potassium, three times a day.

This was on Sept. 25th. After taking the medicine four or five times she says, "Great spots came all on my hands and face, my nose and eyes watered very much, and I felt very ill." She had to take to her bed. She had two well-marked rigors on successive days. She had "such a burning of her face and arms," and her eyes were closed for about a week. She was admitted a second time on Oct. 2nd, this time under Dr. Down's care.

The eruption now was remarkable; it was entirely confined to the face, backs and fronts of forearms and hands. The eruption on the face consisted of large flat-topped papules or tubercles of varying sizes, mostly about the size of a pea, but having broad bases and flat tops. They were of a pinkish-red colour, giving the idea of translucency. In many places they appeared somewhat vesicular. On the forearms, front and back, the spots had the same general characters, but were of a darker colour. There were elevations of various sizes and shapes, and on rubbing them with the finger the superficial layers of epidermis became detached. On the hands they were present in all parts and were similar to those on the forearms, but more vesicular; whilst along the contiguous edges of the fingers where they were very abundant, they were distinctly bullous. The hands looked as if they had been dipped into some boiling fluid. The whole of the surface of the body was examined, but no eruption was found at any part, except in the situations above mentioned. There was no eruption on the mucous membrane of mouth or throat.

The patient was ordered *mistura gentiana cathartica* three times a day. In the course of a few days the eruption, which began to decline from the time of admission, had so far subsided as to be but slightly raised above the level of the skin, and at the end of ten days there remained nothing but staining of the skin. During this period she had suffered much from headache, and there was a trifling elevation of temperature. The patient was very unwell for some time after this, had repeated rigors, pains in head and chest, vomiting, and high evening temperature.

These symptoms were in all probability caused by emboli in various organs, as at the autopsy numerous infarcta were found. She was ordered two-grain doses of quinine thrice daily.

On Nov. 21st the following note was made: "Since taking the qui-

nine she has very much improved; has had no more shivering or vomiting or pains anywhere. She eats and sleeps well, and expresses herself as feeling perfectly well." Her temperature was normal on this day.

As the patient now appeared quite well, it was determined to try once for all how far the eruption was caused by the iodide of potassium.

There was at this time a slight reddish-brown staining of the skin in patches, where the eruption had been on the face, forearms and hands.

She was accordingly ordered five grains of iodide of potassium in an ounce of water, three times a day. The first dose was taken at 5 p.m. The same evening that she took the first dose of iodide of potassium the patient complained to the nurse that she had caught cold. Although in the habit of rising early, she did not get up on the following day (Nov. 22nd) until the afternoon, as she felt so unwell, and had such a headache; she was soon glad to go to bed again, as she felt so miserable. On the evening of the same day she complained much of headache and of having a cold.

Nov. 23rd.—Patient complained of severe frontal headache, running at the eyes, pain and running at the nose. Red papules are making their appearance on the upper lip, cheeks, and temples.

Nov. 24th.—Still complains of having a bad cold and headache, the latter frontal and severe. She says that the eyes and nose run and that the water runs from her mouth, so that when she sleeps she finds the pillow quite wet. Scattered over her face in all parts, but especially on the upper lip, are a number of elevated spots which for the most part contain pus. They are of various sizes, some as large as a pea. There are papules on the ears, several beneath the chin, and one on the anterior surface of the neck. There is no eruption to be seen on the mucous membrane of mouth, soft palate, or pharynx. The forearms, front and back, have an eruption similar to that on the face, freely scattered about, and there are for the first time since I have seen the patient a few spots just above the elbow of each arm. She says that when the spots are touched it feels as though needles were going into her. The spots on the forearms do not as yet contain pus.

Nov. 25th.—Patient complains very much of her head the pain is chiefly confined to the frontal region. No eruption can be seen on the scalp, but it feels tender when she combs her hair, and gives her the impression that it is affected by the eruption. Her eyes do not trouble her so much, but her nose runs and her mouth waters. The tip of the nose is a good deal swollen, and is of a vivid red colour. There are one or two deep-seated spots of acne upon it, and it very much resembles the nose of a drunkard. The eruption presents much the same features as yesterday, but many of the papules have become pustules. Several

of the pustules have coalesced so as to form larger ones. Most of the spots are surrounded by a halo of congestion. Those which contain pus are less congested at their bases than those which do not, probably because they are more superficial and have less difficulty in reaching the surface. No eruption is to be detected on the mucous membrane of mouth and throat. Where the eruption is not pustular, the spots are soft and elastic and give the impression of a want of solidity. The eruption is limited to the face, forearms, and hands, with the exception of the few just above each elbow, and two on the neck.

Nov. 28th.—The eruption continues to increase. Fresh spots come out, and those which are nearest together have coalesced so as to form large bullæ containing pus. Some of these bullæ are as large as horse-beans and many are as large as a pea. The bullæ are particularly noticeable along the contiguous margins of the fingers. The scalp is now covered with eruption; there is some swelling of the conjunctiva, and on the outer part of each corneal junction slight prominences as though there were spots of eruption there. No eruption in mouth or throat. The eruption has in no place shown any tendency to shrivel up. The constitutional symptoms remain the same except that the coryza and headache have slightly diminished. The patient now begged that the medicine might be discontinued, as she ascribed the eruption and symptoms to it. Accordingly an acetate of potash mixture was substituted for the iodide of potassium.

Nov. 29th.—Eruption the same as yesterday. Patient says she has less headache.

Nov. 30th.—Feels better in herself; still has some headache and watering of the eyes. The eruption now consists of a number of bullæ containing pus; in some the contents are not so distinctly purulent, but opaque, giving the bullæ a somewhat fleshy look. They are mostly tense with convex summits, and show very little tendency to rupture and scab spontaneously; where they have been broken they form yellow scabs. The skin of the face between the spots has a dull lurid coppery colour, and on the forearms it has a dirty reddish-brown tint.

Dec. 1st.—The eruption has undergone a great change since yesterday; whereas, yesterday, nearly every elevation of the skin was of a vesicular or bullous nature and contained pus, to-day scarcely any of them contain pure pus. They have not ruptured or crusted over, but have apparently retrograded in the same manner as they came. The eruption now consists of what look like fleshy tubercles, of about the size of peas; they are, for the most part, of a pinkish-brown colour. The skin between the spots is not so much congested. Her constitutional symptoms to-day also are less severe, but there is still some coryza and frontal headache.

Dec. 2nd.—There are now no distinct elevations of the skin of the face,

except where bullæ have burst and scabbed over. There is a general unevenness of face, the result of the spots which have not totally disappeared. The bullæ on forearms and hands have also so far receded that none can now be said to contain pus. Where the contents of some of the larger ones have become absorbed, the epidermic covering of the bullæ has become wrinkled and shrivelled. Patient feels and appears much better.

Dec. 5th.—Very little of the eruption remaining. Little heaps of epidermic scales are seen where there were bullæ. With the subsidence of the eruption the general health and appetite have improved.

Dec. 14th.—Between the last note and now there has occurred nothing of interest. Her health is now quite good with the exception of a slight elevation of temperature. The eruption has so far gone that only scaly, stained patches, without any elevation of the skin, are seen where the raised spots were formerly.

The patient left for her home this day.

The patient came into the hospital a few months later for the third time, and after a few days died.

At the necropsy there was found ulcerative endocarditis, contraction of the mitral orifice, and numerous emboli in various organs, as the spleen, kidneys, &c. There was no post-mortem evidence of syphilis.

It would be out of place here to enter into any detailed description of iodide of potassium rashes. It is desirable, however, briefly to observe that this drug can produce eruptions of very various kinds; and that their production appears to depend far more on the idiosyncrasy of the individual than on the dose exhibited. Acne from iodide of potassium is the commonest of all and has for long been well known to the profession. A vesicular eruption occurring freely on the hands, chiefly between the fingers, is illustrated in a drawing which I had made ten or twelve years ago. It was clearly due to the iodide, but I do not know that I have seen one exactly like it since. The members of the Hydroa group present considerable differences amongst themselves, the tendency to the formation of small bullæ, and to occur by preference on the face and upper extremities, being the chief features which they

have in common. They change also very rapidly and even from day to day. The different degrees of severity which they exhibit are probably often to be explained by the continuance or otherwise of the drug. If it be suspended as soon as the eruption begins the disease may perhaps never pass beyond a vesicular stage, but if it be continued the bullæ will extend at their margins, will be attended by considerable congestion and deposit at their bases, and may degenerate into ulcerations of some extent.

Our present portrait was taken in the early stage of the eruption, and it shows bullæ and vesicles of various sizes with comparatively little congestion of the intervening skin and no tendency to arrangement in any special manner. It will be noticed that the bullæ are not exactly like those of pemphigus; thus but few of them are accurately either round or oval, and those which are large are never globose or tense like those of pemphigus. They pass through their stages, indeed, much more quickly than the pemphigus bulla does, and often sink down at the centre whilst they are spreading at the circumference, thus producing a sort of ringed vesication which is rarely seen in any other eruption. Several of the portraits published in Hebra's Atlas somewhat resemble the cases referred to. Amongst these I would mention Plates II, III, IV, and VI of the 6th Fasciculus. I by no means, however, wish to assert that any of these are characteristically Iodide Hydroa.

Bibliography.—

Under the name of “Herpes Iris” Willis figures (Pl. 26), possibly from memory, an eruption of

which he states he has seen two instances, both in females past middle age. A number of round patches are seen as large as six-pences, the edges of which look vesicular, whilst in the centre is a small round vesicle quite separate from the ring. It is a condition of things very like what occurs in iodide Hydroa, but it is expressly stated that in scarcely any of what looked like vesicles was there any fluid.

Mr. Wilson's Plate A.Z., representing "Herpes Iris," "Erythema Iris," shows some spots exceedingly like those represented by Willis and others, in which not only one but six or seven concentric rings are present. It is doubtful to what category these cases should be assigned; they are certainly extremely rare. Unfortunately Mr. Wilson follows Dr. Willis's example in omitting from the text the history of the case. Mr. Wilson adds that under treatment Herpes Iris will be found obstinate and to resemble Pemphigus rather than Herpes or Erythema.

See Portrait of a Hand in Heft VI of Hebra's Atlas, Tafel 5, under the name of "Herpes Iris."

Hydroa vesiculosum (herpes iris, *Bateman*). Under this title Dr. Anton Nyström records a case in a man æt. 25, who had also rheumatism in his joints and a rheumatic family history. No information is given as to the treatment adopted either before or after the eruption

appeared. (“Teoretiska och Praktiska Upsatser öfver Hudåkommorna,” p. 176. Stockholm, 1870.)

Compare with—

Plate 10 of Willis's Atlas, which illustrates this disease very badly, under the name of “Strophulus confertus” or “Tooth-rash.”

PLATE XXXIV.
COMMON RED GUM OR LICHEN
OF INFANTS.

This portrait, taken from an infant about four months old, is a good example of a rather severe case of COMMON RED GUM OR LICHEN OF INFANTS, the *Strophulus inter-tinctus* or *Lichen strophulosus* of authors. The eruption consists of small red elevated papules, many of which are surmounted by a minute white crust. For the most part the spots are discrete, but in some places they become confluent in lines or irregular patches. The eruption occurs by preference on the face and chest, but it is seen also on the arms and may be found indeed over the whole body. The thin skin of the eyelids is generally more or less exempt. The eruption does not appear to be in connection with any special cause and may occur in perfectly healthy children. It often begins within a week or two of birth and may last several months; often, however, its duration is very short. It is not usually pruriginous, it does not injure the child's health, and usually disappears at length spontaneously. In the present instance it had been out for nearly two months, but its spontaneous decline began immediately after the portrait was taken, and in the course of a few weeks the child was rid of it.

Compare with—

Plate 10 of Willis's Atlas, which illustrates this disease very badly, under the name of "*Strophulus confertus*" or "Tooth-rash."

P L A T E X X X V.

KERION FROM RINGWORM.

Our portrait shows the scalp of a child of about 8 years of age, who had suffered for some months from ringworm, and in whom some of the patches had inflamed and passed into the condition known as Kerion. Several of her brothers and sisters suffered from ringworm at the same time. The greater number of the patches on the scalp show only the common ringworm conditions, being pale, abruptly margined, and covered only by broken, tow-like hairs. Several of the largest patches, however, are inflamed and elevated. To the finger these were soft and boggy.

The term Kerion is applicable to any condition of the scalp in which it becomes swollen, boggy, and occupied by many small cavities which contain a thin glairy pus. Not unfrequently the fluid is transparent and sometimes honey-like. The inflammation is seated in and around the hair follicles. The swellings which characterize it are often a good deal elevated, feel pulpy or boggy to the finger, and are very ill-defined.

Kerion may be a consequence of several different forms of scalp eruption, eczema, sycosis of scalp and ringworm. It is most usually seen in association with the last, when it is often very troublesome ; indeed, Mr. Wilson appears to regard it as invariably in connexion with this malady. It may occur in only one child of a family, in which many are the subjects of ringworm:

It not unusually destroys the hairs of the parts affected, and leaves the scalp permanently bald in patches. A condition closely analogous to Kerion of the scalp is observed in the worst forms of sycosis of the beard or whisker, indeed it was this state to which the term "sycosis" or "fig-like disease" was originally applied. The state of the parts in Kerion of the scalp in children with ringworm and Kerion of the beard in adults with sycosis is probably precisely similar, viz. inflammation in and about follicles, attended neither by the formation of true pus nor by induration, but by the effusion of a viscous glutinous fluid. Celsus compared the fluid of Kerion to honey, to the juice of the mistletoe and to oil. The patches of Kerion may vary much in size, and hence the distinction into *Kerion dispertum*, where the patches are small, and *Kerion confertum*, where they form a confluent group.

Kerion is not by any means met with solely in the children of the poor. A medical friend of mine had three of his children affected by ringworm. They were rather delicate children, and inherited a tendency to true phthisis from both parents, without, however, any kind of scrofula ever having shown itself. In one of them, after he had been for some time under treatment for ringworm, the scalp passed into an aggravated form of Kerion. It had been much irritated by epilation and by local remedies. In this case, although the Kerion cysts were numerous and large, the resulting bald patches were very slight.

Kerion is certainly a rare condition, and but few examples of it come under observation in hospital practice. Mr. Wilson states that he has seen fourteen cases, the patients varying in age from 5 to 13 years,

and that in two of them the disease had existed upwards of two years.

As regards treatment I believe it is best to remove the hairs very completely, either by shaving or cutting, to open all the little abscesses, and treat them freely with lunar caustic thrust into their cavities, and afterwards to apply tar or lead lotions. It is also very necessary to attend to the child's general health.

Enlargement of lymphatic glands is common in Kerion.

Compare with—

Kerion-Sycosis of Chin, Plate 16, p. 79, of Cazenave's Atlas.

Plate 61 of Willis's Atlas, "Mentagra or Trichosis Menti."

PLATE XXVI.

TINEA CIRCINATA.

The subject of this portrait was a gentleman who suffered from symptoms of disease of the bladder. About six months before he came under my observation, and whilst on a voyage across the Atlantic, he first noticed some patches in his axillæ, and soon afterwards similar ones appeared about the pubes. The conditions at the time that I saw him are very accurately displayed in Mr. Burgess's portrait. It will be seen that there are rings of eruption with red elevated edges and pale centres, and that in many places the rings have become confluent, producing patches the margins of which form irregular curves. Above the pubes the arrangement is very peculiar, there being long patches with almost parallel borders at about half an inch distance. The borders of these patches, however, display a number of curves, and no doubt they also have been produced by the joining together of a number of separate but adjacent ones. The outer edge of the patch in the axilla represents an area of very large size, but on its surface a number of fresh ones have appeared. The edges were everywhere slightly raised and scaly. The surfaces which had been abandoned by the disease still remained a little red with some branny desquamation.

That the disease was really ringworm was easily demonstrated by the microscope, which showed abundant cryptogamic growth. At first sight a suspicion

had been entertained that it might be a gyrate form of syphilitic eruption such as that illustrated in Plate XXVIII. The result of treatment fully confirmed the diagnosis, for, by the employment of the Harrogate-water bath and an ointment containing sulphur and the white precipitate, he was well in about ten days. It should have been stated that the other axilla was affected in exactly the same way as the one depicted in the portrait.

As regards cause nothing was ascertained ; the patient was not aware that he had been exposed to any risk of contagion from ringworm.

PLATE XXXVII.

SYPHILITIC RUPIA-PSORIASIS.

THIS plate illustrates a very important and characteristic form of ulceration of the skin which occurs occasionally both in acquired and inherited syphilis in the later stages of the disease. In some of its features it is allied to Rupia, but in others, and the more important ones, it resembles the horse-shoe or serpiginous ulcer. The more typical forms of rupia are almost always secondary, *i.e.* within a few months or a year of the primary sore. This form of ulceration, although it often has heaped-up scabs, like those of rupia, never occurs as a symmetrical eruption and is rarely seen until some years have elapsed from the date of the primary disease. In rupia the sores are usually round and, for the most part, they have no tendency to heal at one part and spread at another, which is always a marked feature in this disease. It must be admitted, however, that in this case, and in a certain number of others, although some of the ulcers are, as described, of the serpiginous variety, others cannot be distinguished in any way from the rupia type. It becomes necessary, therefore, for practical purposes to distinguish between the rupia which is a secondary eruption, the common form, and that which occurs in the tertiary period, which is very infrequent and usually in conjunction with serpiginous ulceration.

It is very important to bear in mind the fact that

the subjects of inherited syphilis, after having passed the first year of life, are not liable to any form of general symmetrical skin disease. Should such an eruption occur its cause is to be sought elsewhere than in the inherited taint. After the first year, indeed, the subjects of inherited taint but rarely exhibit any kind of skin disease whatever, but, if they do, it is almost always some form of ulceration of a rupial, lupoid, ser-piginous, or phagedænic character.

Of these several varieties of eruption the subject of the present sketch supplied excellent illustrations, for she had suffered from them all.

Anne A— is at the present date (June, 1875) aged 20, but does not look more than 14. Until within the last year she has had all the appearance of arrested sexual development, attended with general dwarfing, and menstruation only began within the last year. There is nothing special in her physiognomy, excepting that her nose is much scarred by the eruption. Her teeth are not malformed. Thus there is little or nothing in her appearance which bears out any suspicion of inherited taint, and I have to add that her family history, although peculiar, equally fails to give it any definite support. Although her mother is herself the subject of tertiary syphilis in a severe form, and has often been in the hospital at the same time as her child with precisely similar ulcers, yet it curiously happens that there appears to be no hereditary connection between the two cases. The mother, who gives a candid history, states that the child was born several years before her marriage, and before she contracted syphilis. At the time of the child's birth, and for ten years afterwards, the mother was quite well, and she is not aware that the father of the patient, who was a sailor, had suffered from any disease. She married another man five years after her seduction and bore several healthy children. After the birth of her fifth child she went through a definite and severe attack of secondary syphilis. This history makes it in a high degree probable that the subject of the portrait does not inherit syphilis from her mother, and, as the history of infantile symptoms is wanting, the suspicion arises that the child may by some accident have acquired syphilis in infancy or childhood.

On further inquiry this suspicion is strongly supported by the dates at which the symptoms in the mother and daughter began respectively. The mother states that the child's symptoms did not begin until about

two months after the commencement of her own attack of secondary syphilis, which, as has been mentioned, was very severe, being accompanied by ulcerating rash and double iritis. This was in 1866, the child being then ten years old. Her first symptoms were langour and weakness, soon followed by the appearance of spots on her back. The mother states that at first the spots were like chicken-pox, but that they enlarged, and "some of them had very large heads." The eruption rapidly became worse and she was sent to the London Hospital, where she was an in-patient for three months, under the care of one of my colleagues. Within a few months of her discharge the rash relapsed, and she now for the first time came under my care. This occurred in 1867, and it was on this occasion that the drawing was made from which the plate has been taken. No clue can be obtained to the existence of a primary chancre in the child prior to the outbreak of her symptoms; the mother does not remember any sore on her child's lips or tongue, though she does remember that the child had a sore throat while in hospital for the first time.

Thus, in the patient from whom the portrait was taken there is no evidence of inherited syphilis. Her syphilis is, not improbably, acquired; and, as the date at which her symptoms began agrees perfectly with the supposition that she was accidentally infected by her mother, we may fairly exclude the very unlikely event of the child's disease having been contracted sexually at the age of ten, the only other source.*

* At the time the portrait was executed I was not in possession of all the facts in the history of the patient which are given above, and supposed, from the fact of the mother as well as the child being syphilitic, that in the latter the disease was probably inherited. Hence the error in the designation of the plate.

PLATE XXXVIII.

PRURIGO ADOLESCENTIUM.

I have had much difficulty in finding a name which should be even tolerably appropriate to the disease which is the subject of this portrait. I am not aware that it has been named or described by authors. Its prominent features consist in its tendency to relapse, or to continue with but slight intermissions, over many years and in spite of all treatment, to affect by preference the face and the upper extremities, and to commence usually at about the age of puberty. It is generally more or less pruriginous, but not by any means intensely so, and the eruption consists of small red papules which look as if they were about to form pustules, but never do so (abortive pustules). Unless they are scratched no ulceration takes place and no crusts form. On the cheeks there is usually a good deal of diffuse erythema, much more than is shown in this portrait.

In the boy who was the subject of this portrait the disease affected the trunk as well as the upper limbs and face, but in most cases the eruption is limited to the face, neck and upper extremities. The disease differs in some marked features from that known as Hebra's Prurigo. *First*, the pruriginous element is very much less marked and the erythematous much more; *secondly*, the face is always affected and the lower extremities scarcely ever so; and *lastly*, whilst

Hebra describes his form of Prurigo as being always worse in winter the reverse is the fact in this malady.

It would appear to have some alliance with acne and on the face might easily be mistaken for that disease, but none of the spots ever pass into acne pustules, nor does it affect, on the *trunk*, the acne positions. Probably it has supplied part of the material from which the descriptions of *Strophulus pruriginosus* were given by the older writers, and the *Lichen urticatus* of Bateman may possibly have included some examples of this malady in its early stage.

The portrait selected to illustrate this disease is that of a boy named Charles Pennmann and was taken in August, 1867, when he was under my care at the London Hospital. He was then 13 years of age and had been the subject of the eruption almost from infancy. It was believed to have begun at 6 months old. It always got well in winter and relapsed in summer. He was covered from head to foot with the spots, all his extremities being affected, the palms of the hands and soles of the feet alone being exempt. The spots were everywhere scattered, not arranged in patches. They presented conical elevations of a light red tint, and in the centre of some of them were minute accumulations of pus. They might be described as abortive pustules, for they looked in the early stage as if threatening to become such. The skin was marked all over with very shallow white cicatrices which the eruption had left. He had never had smallpox. The eruption showed but little preference as regards different regions. It was, however, especially copious on the cheeks, forehead and back of neck. He was thin

and his skin was somewhat harsh and brown, but he considered himself in good health. The eruption did not seem to occasion him any great annoyance; he said that it itched only at night and gave him no trouble in the daytime. He asserted that usually it got quite well in the winter, only coming out in warm weather, but on the present occasion his attack had begun at Christmas and had persisted during four months of cold weather. He did not notice any difference in his general health.

The following is a note of the state of his case several years later :—

“He has grown well and appears to be in good health. The eruption is at present out only on the backs of his arms, slightly on the forehead, and over the buttocks. His skin is everywhere spotted with small icatrices, most of them very superficial, but so abundant that on his chest, back and arms a marbled appearance is produced. His mother, who comes with him, states that the first outbreak in infancy occurred after measles and was supposed to be a “measles rash.” She says also that it has at times covered the whole surface of the body with the exception of the flexures of the joints and the palms and soles. He has always had it less on the legs than elsewhere, and the parts most severely affected have been the face, backs of the hands and arms. He has had repeated bad attacks since the portrait was taken, although on the whole the disease appears to be getting milder. For two months at midsummer of this year the eruption was very freely out and his legs were so much swollen that he was obliged to stay at home. As a rule he continues regularly at his work and suffers but little inconvenience from his eruption. He complains somewhat of irritation when he is hot and he habitually scratches, but he states that he is never kept awake at night by itching.”

It will be seen in the preceding narrative that the case differs somewhat from the statements which I have made as regards the general facts of this malady. It began very much earlier than is usual, and it has affected a greater extent of surface. The parts which were exempt are almost precisely the same as those which escape

in Hebra's Prurigo, with the difference that in the present case the face and the back of the neck are severely affected. We must note also that whilst in the disease described by Hebra the skin becomes dense, hard and thickened, and there is a marked tendency to eczema, these phenomena are wholly wanting in this malady. Although in a considerable number of cases the eruption has begun at or near the age of puberty, yet I have notes of several in which, as in the case narrated, it began much earlier, and of one in which it did not show itself until 47. On this account it would perhaps be wiser to name it RELAPSING PRURIGO rather than give it a name which should connect it exclusively with the adolescent period.

PLATE XXXIX.

PURPURA THROMBOTICA.

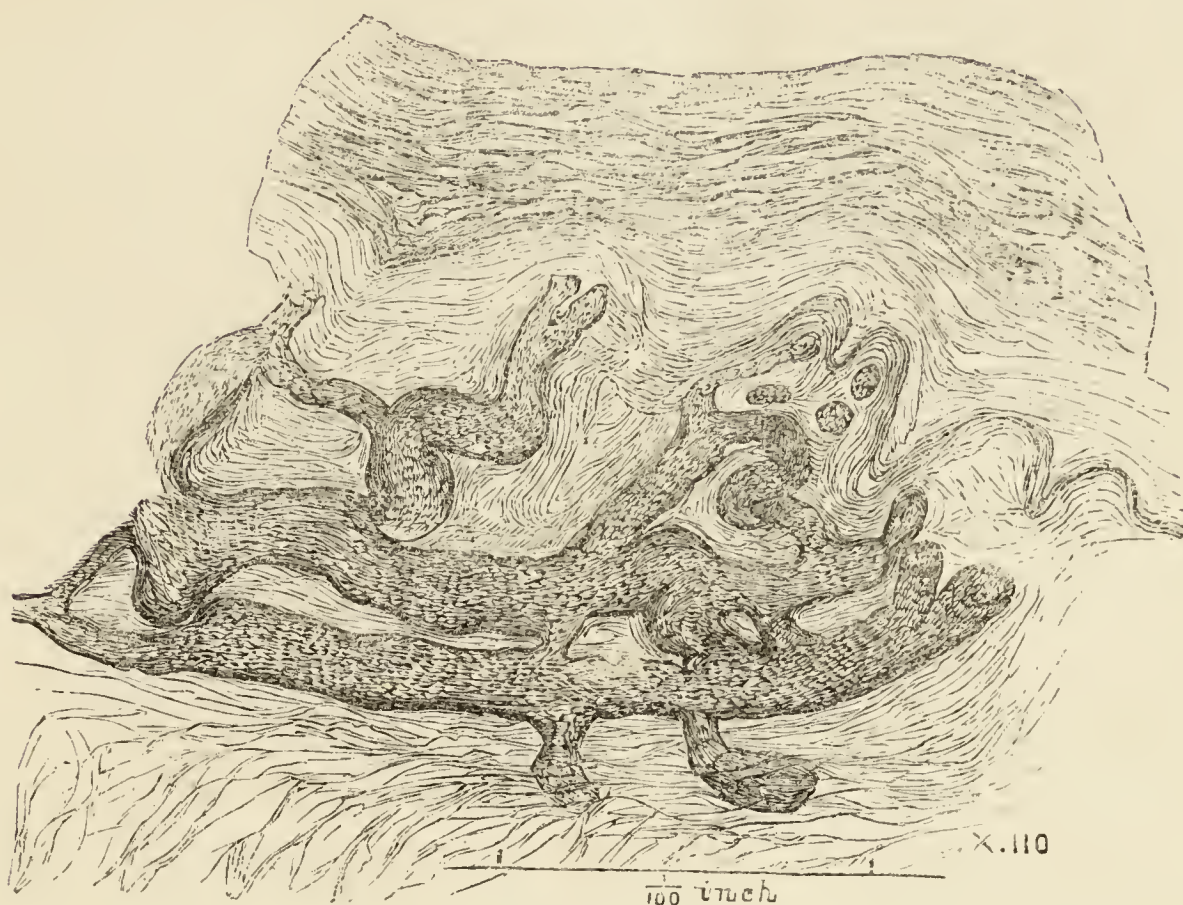
Under the name of Purpura we appear to have several maladies clinically distinct from each other. The *hæmorrhagic form* is often an acute and rapidly fatal disease, in which blood-vessels rupture on the slightest provocation and large extravasations of blood take place. In this malady the skin is by no means the only part affected; the serous and mucous membranes may be spotted over with ecchymoses; there may be clots in the substance of the viscera, or the patient may die comatose from a large extravasation into the brain. The gums are usually spongy and bleed, and any irregular pressure on the skin is almost always followed by a large bruise. Of the cause of this disease nothing definite is known, but it does not appear to be produced by peculiarities in diet and it is seldom seen excepting in children and young persons.

Next we have a much less definite affection which chiefly occurs in the aged or infirm, and in which numerous spots of deep purple colour and fairly well circumscribed, are met with on the lower extremities or on the body generally. In these cases there is very rarely any tendency to bleeding from mucous membranes, and little, if any, risk of internal hæmorrhage. As the colour of the patches and their more or less abrupt margins make it beyond doubt that there is extravasa-

tion of blood, the term *purpura ecchymotica* might perhaps be applicable, and we may safely hold that it is usually symptomatic of great debility or serious derangement of general health.

Much commoner than either of the preceding forms is the malady of which our portrait forms a typical, but perhaps rather exaggerated, example. Its subjects are usually women and are rarely advanced in years. For the most part they are not specially out of health, but disturbance of menstruation, constipated bowels, and rheumatic pains in the joints, are not infrequent concomitants. It is exceedingly rare that any hæmorrhage from mucous surfaces occurs, and there is no tendency to bruise on pressure. The legs are invariably affected first, and it is only in exceptional cases that any other parts are attacked. The patches vary a good deal in colour in relation to their stage; when recent, however, they are always much brighter than those occurring in the other forms of purpura. They differ also from the latter in shape and general appearance, being but rarely round, and never abruptly margined. Their edges shade off gradually, and not unfrequently by careful inspection with a lens separate vessels may be traced passing out from them. Although, however, their ill-defined margins might suggest erythematous congestion, yet it may easily be proved that such is not the condition, for on stretching the skin it will be found that the colour cannot be diminished. I have little doubt that thrombosis of capillaries, rather than rupture and extravasation, is the principal condition present, but it is very likely that the two are often mixed. It is possible that in some instances effused blood runs along by the side of vessels, and thus produces the lines of red-

ness which might easily be taken for distended capillaries.



Plugged capillaries in a purpura patch.

I have not had any opportunity for making a microscopic examination of the skin in these cases. In a case, however, in which—in a young woman under the care of my colleague, Dr. Andrew Clark—several patches looking like thrombosis occurred on the soles of the feet, this condition was demonstrated after death by Mr. Nettleship. The appended woodcut shows the state of the plugged vessels as seen in a vertical section of the skin. I do not, however, think it likely that in this case the eruption was of the same kind as that shown in the portrait. It did not occur on the fronts of the legs but on the soles of the feet, and the patient was at the time in a condition of extreme illness from heart disease. The interest of the case in connection with our subject depends chiefly

upon the fact that the existence of thrombosis rather than extravasation had been diagnosed on account of the lines of red which ran out from the margins of the patches.

The form of Purpura exhibited in the portrait, and for which, believing that thrombosis is the chief condition, I propose the designation "*thrombotica*," is perhaps almost as nearly allied to erythema nodosum or erythema multiforme as to the truly hæmorrhagic forms of purpura. In a later stage diffuse blood-staining of the skin (bruise-like) undoubtedly occurs, but this is the case also in erythema nodosum. There is almost always some inflammatory œdema of the legs, and should other parts be affected, I believe that most usually, as in erythema nodosum, the backs of the forearms will suffer next. Frequently the eruption is seen to come out in successive crops over a considerable period, and sometimes the patient recovers perfectly for periods of several months and then again relapses.

The case from which the portrait was taken illustrates most of the above remarks. There was never any tendency to hæmorrhage, with the exception that once or twice blood was passed *per anum*, but it is possible that there was some local cause for this. In the portrait will be seen a red streak encircling the limb just above the knee and looking exactly as if it had been caused by pressure from the garter. The girl, however, assured us that she had never on any occasion fastened her garter in this position, but always below the knee. The following are the notes of the case :—

Eliza R—, a servant, aged 19, was admitted into the London Hospital on September 9th, 1874, on account of an eruption of purpuric spots on the legs and thighs, which had been first noticed ten days before (about

September 1st). Its appearance was preceded, for about two days, by pain in the lower part of the body. She remained in the hospital nearly three months, and during this time had at least half a dozen distinct relapses of purpuric spots, each crop lasting from a few days to a fortnight. She suffered several times from severe pain in the abdomen, sometimes accompanied by vomiting and once followed by a passage of blood per anum. She also had albuminuria, and latterly blood and casts in the urine. The temperature was often raised three or four degrees above the normal standard; but it will be observed that these elevations, as a rule, occurred when the eruption was almost or quite absent, while when the rash was fully out the temperature was generally normal, or nearly so. The pulse was never more than 110. No spots ever appeared on the neck or back.

No attempt was made at curative treatment. She was on middle diet, and took aperients and tonics.

The patient considered that her health had always previously been very good. Menstruation had occurred regularly since the age of twelve; it occurred twice during her stay in the hospital. She had never had any skin disease before the present one, nor was she aware that any eruptions had occurred in her relatives. She lived well, getting meat twice daily, and her gums had never been sore. No history of any rheumatic affection could be obtained. It was her impression that the appearance of the spots might have been due to her having been employed in washing blankets with her feet. She stated that a few spots came out on the legs as soon as four or five days after she had washed the blankets. She had to wash the blankets by treading for an hour and a half on two successive days; she, of course, used hot water, and also Hudson's soap-powder. The skin was not chapped. The eruption began as a ring on the right thigh, just above the knee, like a garter-mark. She was, however, in the habit, and always had been so, of gartering below the knee. The water, of course, did not reach nearly so high as this.

It is, therefore, unlikely that either the washing or her garter had anything to do with this first ring of eruption. She knows of no injury or other possible cause.

The following are the daily notes:

<i>Date.</i>	<i>Tempera- ture.</i>	
Sept. 1st	...	Eruption began at this date or a day or two earlier.
„ 9th <i>Treatment,</i> placebo	98.4	<i>Admitted.</i> —Eruption present on thighs and legs, but nowhere else. Some œdema of legs was present, and this increased during the next fortnight, at end of which time more spots appeared on the legs, covering them from toes to half way up thighs.
Sept. 24th	...	
„ 27th <i>Treatment,</i> saline mixture	...	At this date some spots also appeared on arms, chiefly on extensor surfaces, and not so copiously as on legs; their appearance on arms not preceded by swelling. Had been allowed to walk about in ward and in garden. At this date and during the next fortnight she complained of occasional violent pain in abdomen, enough to keep her awake at night.
Sept. 29th	Noon 101.4 Even. 103.	Menstruation.
„ 30th	Noon 100.4 Even. 99.	
Oct. 1st	98.4	Menstruation ceased.
„ 2nd	99.	
„ 3rd	99.	Severer attack of abdominal pain; face flushed. At 3 p.m. passed about half a pint of blood per anum.
„ 4th	99.	Morning, again passed some blood. Pain relieved afterwards, but she vomited several times.
„ 5th	99.5	Spots are fading.
„ 6th	} Temperature normal	Spots nearly gone. Appetite not so good. Face continues flushed. During the night severe pain in lumbar region.
„ 7th		
„ 8th		Large patch of spots on back of shoulder, and a few on face and around mouth. <i>Urine</i> tested for first time; sp. gr. 1015, slightly acid, contains albumen.
„ 9th		Restless last night; pain in back continues; face paler and does not feel so well. The spots have extended from shoulder to both upper arms, and some have come on the breast.

<i>Date.</i>	<i>Tempera- ture.</i>	
Oct. 10th	<div> <div></div> <div>Temperature normal</div> <div></div> </div>	More spots coming out. On left side of forehead a swelling looking something like a contusion; it is sore. Hands and wrist swollen, œdematous and stiff. Pain in back has gone, but has headache.
„ 11th		Spots fading. Is restless, but in no pain.
„ 12th		A few more spots have appeared on legs.
„ 13th		Severe abdominal pain, like that which preceded passage of blood per anum. Did not sleep last night. Sick four times to-day. Some spots have died away, but fresh ones have also appeared.
„ 14th	<div> <div></div> <div>99·5</div> <div></div> <div>Temperature normal</div> <div></div> </div>	Much better in all respects.
„ 15th		Ordered a bitter mixture.
„ 16th		Fresh spots appearing on lower extremities.
„ 17th		Legs and thighs covered with spots as on admission. She says some of them came out in the course of half an hour.
„ 18th		Spots still coming out; they are grouped in patches. Ordered quinine and iron.
„ 19th		
„ 20th		
„ 21st	99·	Spots coming on arms. Great pain in hypogastric region. Restless, and not feeling so well.
„ 22nd	Morn. 98·4 Even. 101·	Spots beginning to fade. <i>Urine</i> loaded with albumen.
„ 23rd	Morn. 100·8 Even. 101·8	Spots nearly gone. Some diarrhœa. Is free from pain. <i>Urine</i> , one third of albumen, hyaline and granular casts, mucus corpuscles and epithelium.
„ 24th	99·	Only mere traces of spots can be made out.
„ 25th	Normal	
„ 26th	No note	
„ 27th	Morn. 98·4	Menstruation.
„ 28th	Morn. 99·4 Even. 101·	
„ 29th	100·5	

Date.	Tempera- ture.	
Oct. 30th	} Varied from 98° to 99°	Some fresh spots appeared on the legs during the afternoon, not preceded by pain. Not noted whether she had been walking about.
„ 31st		
Nov. 1st		
„ 2nd		
„ 3rd		Spots began to disappear rather suddenly. Fresh spots coming out; a few are on face. <i>Urine</i> , sp. gr. 1016, acid, about one fifth albumen.
„ 4th		Last night another attack of pain. Feels languid and not so well. Fresh spots coming on breast, but elsewhere fading. Hands slightly swollen. <i>Urine</i> , sp. gr. 1028, dark red and smoky; contains albumen.
„ 5th	Morn. 99° Even. 102°	} Continued to improve in every respect. Albumen in urine steadily diminished.
„ 6th	99°5	
„ 7th	No note	} Some fresh spots on legs and arms.
„ 8th	} From 98° to 99°	
„ 10th		
„ 18th		
„ 23rd	...	Has continued to improve and is now in her usual health. A few spots still present on legs, but none elsewhere. Albumen in urine has steadily diminished, but it still contains some (about one eighth), together with a few blood-discs and mucus-corpuscles.

The patient came to see me again, at request, on June 11th, 1875 and subsequently, when the following additional notes were made.

After leaving the hospital (end of November, 1874) she had some more spots for a few days, but after they disappeared she remained free till the middle of May, when a few spots came out on the lower parts of the legs and on right shoulder, and she again passed blood from the bowel. The spots came out after two or three days of unusually hard work at house-cleaning and washing clothes; since her first attack, however, she has never washed by treading. The attack here noted happened between two menstrual periods.

She looks in good health, is well grown, well nourished and of good colour, but says that since she had the eruption she has not felt so well as formerly; appetite bad, and frequent frontal headache; tongue somewhat red and fissured; no pain after food: dislikes meat and fat foods,

and has been brought up a total abstainer from alcohol; eats vegetables moderately. There are now no spots on legs and no œdema.

The eruption has throughout been worse on the right side.

She had been in service about four months when the rash began last autumn, and returned to the same place after leaving the hospital.

Her urine was tested on June 16th, and the following is Mr. Nettleship's report:—It was barely acid. It contained numerous very small square crystals and one or two hexagonal ones, all apparently flat. Two thin hyaline casts were seen, one of them of considerable length; there was also a good deal of vaginal epithelium. After acidulation with nitric acid a considerable deposit of large crystalline grains of uric acid took place. The tests for albumen gave doubtful results. A very decided opaque layer formed at the line of contact between the urine and a layer of concentrated nitric acid at the bottom of the test-tube; this opaque layer, however, did not form immediately, but continued to increase in thickness for a minute or two; a reaction unusual, I believe, with albumen, and probably due to the gradual separation of uric acid or urates. On boiling the plain urine it became decidedly clouded, apparently confirming the previous test as to albumen; but a drop or two of weak nitric acid at once dissolved the precipitate, and the urine previously acidulated with weak nitric acid did not cloud on boiling. The cloud was probably phosphates, but may have been albumen redissolved by a small quantity of nitric acid. It contained a variety of vegetable forms and bacteria, and I inferred that the specimen had been kept. No deposit of lithates in the plain urine.

On June 22nd another sample was examined. It was, I was assured, quite fresh, and passed the same morning. It contained a considerable deposit, consisting chiefly of fungus resembling yeast-fungus; scarcely any other vegetable form occurred. The reaction of the urine was decidedly acid; sp. gr. 1030. It gave no precipitate when boiled with liquor potassæ and sulphate of copper, nor did it change colour much (*no sugar*). No casts and no crystals were seen in the single slide examined. With concentrated nitric acid it gave the same cloud at the line of contact as before, but the plain urine did not cloud on boiling. Abundant grains of uric acid deposited after addition of nitric acid. No deposit of lithates in the plain urine on standing.

The urine, therefore, at present contains an excess of uric acid and a few small hyaline casts; it is very favorable to the growth of some large fungous forms. It probably contains no albumen, or at most only a minute quantity.

During the interval between 11th and 22nd she had taken a mixture containing nitric acid and calumba, and expressed herself as feeling much better for it.

Bibliography—

For a good illustration of *Purpura ecchymotica*, “*Purpura simplex*,” see Plate 48, p. 189, of Cazenave's Atlas.

Under the title of “*Urticaria petechialis*,” Willis publishes, in his 6th Plâte, a portrait of a leg intended probably to represent the same disease as is given in our Plate. It is badly executed and possibly represents conditions met with in several different cases. The patient as in our case, was a girl, and Willis remarks that it is usually seen on the legs of young females. He disputes the correctness of Willan's name “*Purpura urticans*,” and asserts, probably correctly, that it is more nearly allied to *Erythema nodosum*.

Plate 54 of Willis's Atlas shows, under the name of “*Purpura*,” the arm of an old man covered with small abruptly margined ecchymoses. It is remarkably like Cazenave's Plate 48, from which it has possibly been copied with alterations.

P L A T E X L.

SYPHILITIC RUPIA.

This portrait shows the arm of a man in whom the syphilitic exanthem had ulcerated and the spots had passed into the condition of Rupia. Some of the crusts show the well-characterised limpit-shell form, whilst others are more irregular. Several are seen to be healed at the margin and covered with crust only at the middle. Two of them are quite healed, and of these one at the upper part of the arm shows a condition which is not uncommon in the cicatrix of rupia, keloid induration of scar. The scar had become thick, elevated and glossy.

Apart from the fact that this portrait affords a good example of the characters known as rupia, it is also very valuable in connection with the history of the case and in proof that rupia, contrary to the generally received opinion, is a secondary and not a tertiary disease. In this instance the man had the eruption symmetrically placed on the opposite limbs, and he had never left the hospital from the time when he was admitted with his primary sore.

The patient was a man who had been admitted into the London Hospital with a phagedænic chancre and a commencing papular rash. The phagedænic action was stopped by continuous immersion in the water-bath. The sore healed, but the rash, in spite of treatment by the iodide of potassium and some small doses

of mercury, continued to advance. The papules ulcerated and the rupial condition as shown in the portrait was assumed. As it was thought possible that the mercury might be disagreeing it was left off a week or ten days after being begun, and a very fair trial from very large doses of iodide of potassium alone was next made. It was continued for about two months, and at one time the dose was a scruple three times a day. The man improved in health under it, and the eruption seemed to be somewhat kept in check, but it did not improve. Some of the places healed, but fresh ones formed. Ultimately mercury was again cautiously given. Its effect was most marked; the ulcers healed and the crusts fell. Some little interruptions occurred, but on the whole the progress was steady, and the man left the hospital well about a month after the recommencement of the use of mercury. The portrait was taken soon after the mercurial course was begun and when its effects were just beginning to be apparent.

Although in this instance mercury agreed well with an ulcerating exanthem and the lesson afforded by the case was very instructive, it must be admitted that the use of this drug under such circumstances will always require the greatest care. Ulcerating eruptions are not unfrequently made worse by its use, at any rate unless the dose be very accurately modified.

PLATE XLI.
FRAMBÆSIÆ—ENDEMIC
VERRUGAS

THE term *frambæsia* has scarcely as yet received any accurate clinical limitations. Etymologically applicable to an eruption the papules of which closely resemble a lobulated fruit such as the raspberry (French *framboise*), it has been applied more especially to a skin disease which is met with in the West Indies, Brazil, Guiana, and adjacent parts. By some writers it is used as if synonymous with *yaws* and *pian*, but by others these names are applied to maladies which present considerable differences. As met with in the West Indies it affects negroes almost exclusively, and is commoner in the young than in adults. It is believed to have been imported from Africa, and although not infectious is eminently contagious. Now and then in syphilitic eruptions tubercles more or less raspberry-like are developed and both in English and foreign practice it is probable that occasionally syphilitic maladies have received this name. There can be no doubt, however, that true frambæsia is quite distinct from syphilis, and it seems highly probable that it undergoes considerable modifications in different regions. We must wait for more accurate information and for pictorial illustrations of the malady described, from different localities, before we can hope to have the confusion removed which at present surrounds the matter.

There can be little doubt that the portrait before us illustrates well one of the forms, at least, of South American framboesia; and, as we are able to give a good clinical history of the patient, the case will probably serve as a good starting-point for the future discussion of the subject.

The patient from whom the sketches were taken was a man named Thomas C—, who was under my care in the London Hospital in October, 1873, having previously been on the medical side for dysentery and enlargement of liver and spleen (malarial). He was an Englishman by birth, but for the last fourteen years of his life had spent much of his time in South America, chiefly in Peru. The following detailed account of the case was drawn up by Mr. R. H. Fox, the dresser of the case. The patient was 26 years of age. About three years before he had suffered from ague at Callao, and the disease had remained on him for a year. A year later (two years ago) he had an eruption of red, pedunculated spots on his legs, of the kind known in Peru as “verrugas.” This occurred when he was working in some silver mines. These mines were situated at a place some distance inland, up among the mountains, named Agua-verrugas (pronounced borrugas). This place is near the town of Oroya, which is not far from Lima. The name is derived from two Spanish words, meaning water-warts. When patient, with other Europeans, first went to the mines, six years ago, the mines were worked only by “the Indians,” but the name of the place had been given to it at some former period. The name was derived from some peculiar warts, with which those who worked in those mines were apt to be attacked. These warts they ascribed to the water which they drank there; it was snow-water, flowing down from the mountains; spirits were also supplied *ad libitum* to the miners. Many (“hundreds”) of the men who were working with patient in the silver mines at that place suffered from these warts. He has seen very many cases; he does not remember to have heard that any of the “Indians” had the warts. [This, however, he afterwards contradicted, stating that they were affected as well as the Europeans.] The warts went by no other name than verrugas. Some men, who suffered severely, went into hospital at Callao. The disease was well known to medical men there. Two years ago patient himself, whilst at the mines, suffered from the warts to a slight degree. About five of the growths appeared on the calves of his legs—two on one leg and three on the other. They began as red pimples which increased to the size of a cherry, the surface being rather nodular and rough like a raspberry. Finally they became pedunculated,

and at length dropped off. They were some months in maturing, and often bled when accidentally knocked, but they gave patient very little trouble; he tied rags over them, and went on with his work as usual. This was the general appearance and course of the warts as he saw them in Peru, on others as well as himself. They were raspberry-like growths—nodular, “seedy.” They did not accumulate any scabs, nor become covered with a black blood-scab; they simply enlarged, became pedunculated, and so dropped off. Patient has seen some as large as a hen’s egg. The tubercles occurred chiefly on the skin of the face and the extremities. Some men had great numbers of them—the greater part of their bodies thickly covered with warts. Patient has seen them so closely set that “you could hardly touch the skin with a pin without touching the warts.” Patient himself did not have any treatment for the eruption. After his warts had dropped off he had no more for the remaining two years that he stayed in Peru. The word “wart” has been used in the above account simply because the patient used it; probably the true “wart” is quite unconnected with this affection. Whilst in South America patient had gonorrhœa once; he denies ever having suffered from symptoms of syphilis.

Seven months ago patient left Peru, starting from Callao in good health, but drank freely of spirits just before he left. Ten days after he left the shore he was attacked by dysentery and was laid up for the remainder of the voyage—four months. He attributes the dysentery to the fact that the water drank on shipboard was rather salt; no one, however, besides himself suffered from it on the voyage. Patient had to be carried on shore at Falmouth, where he lay ill for fifteen days. Feeling better, he came up to London to his friends, but had to come into the London Hospital two days after—viz. on August 26th—being admitted under the care of Dr. Clark. Malarial dysentery, enlarged liver, and enlarged spleen were diagnosed. According to patient’s own account, which is corroborated by the medical assistant, Mr. J. B. Sincock (who has himself seen cases of the tubercular eruption spoken of above out in Peru), the dysentery continued without material abatement for rather more than a month after he entered the hospital. About October 1st—*i. e.*, after he had been in the London Hospital about five weeks—an eruption of red tubercles began to appear on the skin, gradually increasing in size and number. Since then his general health has steadily improved and the dysentery has become much less severe.

The tubercles were noticed by him first on the backs of the hands and on the forearms, then on the feet, and then on the face. They appeared first as very small red papules but slightly raised from the surface of the skin, with hard points, and having a shotty feel. These pimples increased in size and became prominent until they acquired the characters of the round, flat-topped tubercles which we now see on him.

Whilst under medical care he took quinine, besides milk, beef-tea, ice, and lemonade.

Condition on transference to Mr. Hutchinson,
October 21st, 1873.

Patient is a man of middle height, rather light complexion, and healthy looking; he is not thin, and his general health, except from dysentery, which has now nearly left him, is good.

He has a symmetrical eruption on the face and upper and lower limbs. The bilateral character is marked throughout, although not absolutely exact on a comparison of the two sides of the body. The eruption is, on the whole, rather more copious on the backs of the extremities than on the fronts.

The eruption consists of little red tubercles; they are present in various stages; those which came out first (three weeks ago), those which have come out since, and others now appearing, are all mixed together on his skin, quite irregularly, and without any grouping—something like the appearance of the sky on a starlight night. Thus, those just coming out are small, hard pimples, with red points; when more advanced, they look like little shining red vesicles; yet further advanced, they are more like small hemispherical bullæ, but more solid; and when matured they are become larger, looking like red currants. At this stage they form round elevations with flat tops, of a bright pink colour, glassy, and semi-transparent. They are of the consistence of a raspberry, not tense like a currant; but yet they are not nodular like frambœsia. Some attain the size of a small cherry, and look not unlike that fruit. Two or three of the larger warts on his fingers have a diameter of five eighths of an inch, and an elevation of one sixth of an inch; but most of them vary in size from that of a pin's head to that of a pea. The top of each tubercle is smooth, except for shreds of epidermis which seem to desquamate at the margins and on the edges of the tubercles; there is no central depression nor orifice. The substance of the tubercles is solid, they do not collapse when pricked, but blood or bloody serum oozes from them when broken. Many of them get knocked, blood is extravasated at the top, coagulates and becomes black, and hence, here and there, the tubercles are capped with black scabs. Some of them have a tendency to become pustular; others, developing without any mishap, finally, having attained a good size (as mentioned above), ulcerate at the base and drop off; they do not itch, nor is there any areola of redness around their bases.

On examining the regions of his body more carefully we find that the tubercles are disposed as follows:—

On the head.—There is a patch of them on each cheek; they are rather large and are surrounded by an area of red skin. There are a few on the forehead, two or three on the ears, none behind the ears, nor on the hairy scalp, nor on the skin of the neck. There are some on the mucous membrane inside the nostrils and these sometimes give rise to troublesome bleeding.

On the arms.—There are some small tubercles scattered on the upper arms. There are none on the flexures of the elbows, but there are many, smaller and larger, on the backs of the elbows and on both sides of the forearms. The tubercles are likewise plentiful, and in various stages, on the backs of the hands, and are continued on the dorsal and lateral surfaces of the fingers and in the clefts between the fingers. On the palms of the hands and the palmar surfaces of the fingers the tubercles are likewise numerous, but small. For, whilst on the thin and vascular skin of the backs of the hands they are luxuriant in growth, on the palms they are small and rather hard, as if they could not pierce or expand the thick epidermis in those parts. Those on the back of the hand, many of them, get injured and bleed. Those on the palms are closely set, and look like little red dots beneath the epidermis.

On the legs.—There are plenty of tubercles on the back of his thighs, and a good many on the front; two or three of those in the latter situation have inflamed, and look as if they would suppurate. The skin around them is red, and they are painful. The tubercles are present on the fronts of the knees; there are none on the popliteal regions. On the legs below the knees there are but few. On the calves, where he had the warts two years ago, he has now very few.

He has very many on the soles of the feet, especially in the parts where the skin is the thickest, viz., on the heel and under the metatarsal bones. Here, as in the palms of the hands, the tubercles are of a uniform small size; they are like large pins' heads, and are hard and shotty to the feel. On the dorsum of the foot they are not so numerous, and are of varying sizes. On and between the toes there are a good many.

The tubercles are more purple in colour on the feet and legs, unlike the bright red colour of those on the face and arms; probably this is because the parts are more dependent, and consequently the venous blood tends to accumulate.

On the trunk patient seems to have none. He states that he has not any there.

On the penis there are a few tubercles. They are not very large; they occur both on the glans and the prepuce.

Progress of the case.—No treatment was adopted, beyond keeping the patient indoors, giving him full diet, and applying wet rag to such of the tubercles as were broken. He did not remain in bed.

Nov. 4th.—Patient's feet are swollen and painful; he cannot stand on

them. This is caused by the numerous tubercles beneath the thick epidermis. Very many of the tubercles, especially those on the arms and hands, are now black from effused blood. Some of them tend to be pustular.

5th.—There is now a small area of redness surrounding separately the bases of most of the tubercles. This is particularly the case with those of recent origin. His eruption has now a mixed appearance: some of the tubercles are black, some scabby, some broken, some recent and vesicular; others are mere ill-defined swellings of the skin, without any transparent currant-like appearance. They bleed a good deal, and patient states that the bleeding “relieves him.”

He states that the disease which he saw, and, indeed, suffered from, out in Peru consisted in the eruption of more distinctly nodular, raspberry-like growths than are on his own skin now. He has seen the growth covering the skin even more thickly than his forearms are now covered. They occurred, like the present ones, on the face and extremities. Black scabs did not appear on them (in Peru), the growths simply enlarged, gradually became pedunculated, and so fell off.

17th.—Patient is much better. The tubercles have now mostly gone down; some have dropped off, others have withered. The eruption is now chiefly composed of small pimples, not bright red nor pointed, but like the pimples one sees on the skin of a patient who is subject to boils. The dysentery has left him.

18th.—Patient left the hospital to-day.

After this date he attended as an out-patient for some time. Feeling better, he got some work at the docks, but was not strong enough for it. He was again laid up with dysentery (?), and, about Feb. 5th, went into Whitechapel Union ill.

March 10th.—He is still ill. The marks of the eruption are said to still remain on his face and hands, although not in an active state.

Mr. Fox has also made the following extracts for me from works of travel, &c., in South America:—

W. B. Stevenson.—‘An Historical and Descriptive Narrative of Twenty Years’ Residence in South America.’ 3 vols. London, 1825.

At vol. 1, p. 347, is the following:—‘Verrugas—warts of a peculiar kind—are common in some of the valleys of the coast’ of Peru.

Thos. J. Hutchinson.—‘Two Years in Peru.’ 2 vols. London (Sampson Low & Co.), 1873.

The author alludes to the verrugas several times. It seems that there is a place called Verrugas, and a river called the Verrugas river. But they are not to be found on any map—not even on the map of

Peru given by the author. After giving details of a very fatal intermittent fever in the neighbourhood of Oroya, he goes on to say :

“ Besides the fever there is another dreadful disease in these neighbourhoods, called the verrugas (Spanish word meaning a wart or excrescence), which seems indigenous to the place.”

“ Whether it comes or not from the use of water containing earthy salts is hardly decided amongst the medical men up here. It is, however, a very nasty disease, breaking out all over the body sometimes, not even excepting the face, in large warty excrescences. Until these come out, and sometimes after they appear, the system undergoes a depressed state of all the functions, and its complication with the Oroya fever is very depressing.

“ During my residence in Peru I never heard of their being known anywhere except up the valley of the Rimac.” At Santa Eulalia the curé “ was getting through an attack of verrugas, and appeared but the shadow of a man ” (p. 57).

The author saw it also at Surco, a little beyond the Verrugas river.

In the hospital at San Bartolomé (Urabamba) “ there were some very nasty cases of verrugas.”

(P. 72.) At the hospital of San Juan, much further up the mountains, there were no cases of Oroya fever or of verrugas, except some which had come from the valleys lower down.

Compare with—

Plate 35 of Alibert's Atlas, which represents what is there named “ *Pian ruboide*.” It has probably no connection with the *Framboesia* of South America. The disease here figured appears to have been a form of epithelial cancer, resembling in appearance that to which the term “ *cauliflower growth* ” is applied. The man died in consequence of growths which had developed in his throat.

Plate 36. “ *Pian Fungoide*.” In this we have the portrait of an elderly man with great masses of growth on several parts of his face, almost certainly of cancerous nature. Both of these Plates of Alibert's are very valuable and represent exceedingly rare forms of dis-

ease, but it must be repeated that neither of them have the least claim to the term "Pian" if it is to be used as equivalent to the Framboesia of South America.

In Rayer's Atlas, Plate 13, Figs. 6 and 7, there are attempts to represent what is called Framboesia; one after Thomson, the other after Goumez. Probably they both belong to the disease under discussion, but their pictorial value is not great. Both are from negroes.

PLATE XLII.

LUPUS ERYTHEMATOSUS.

In the portrait of the face on this Plate we have a marked example of the erythematous form of Lupus, assuming as usual the Bat's-wing form. The body occupies the nose and the wings cover the cheeks. The patches on the cheeks were well-defined at their upper borders, but somewhat less so below. There was a separate patch in each ear not continuous with those on the cheeks, another small one on the middle of the upper lip, and several slightly marked ones on the chin. The patch on the upper lip was somewhat raised, showing a certain amount of deposit and much more nearly resembling the common forms of Lupus than did the others. The patches in the ears could scarcely be distinguished from dry eczema. On the cheeks the disease consisted of a dusky erythema attended with very slight thickening and showing here and there a little desquamation. On minute examination of the margins of the patches small confluent papules could be distinguished, and in a few places an ill-marked condition of cicatrix. The whole of the nose was rough and dry. The patient (John B., æt. 16) was a thin delicate lad of fair complexion and blue eyes in whom the disease had existed from six to twelve months. His parents were living and they, as well as his brothers and sisters, were all healthy. No skin-disease was

known in the family. His capillary circulation was feeble, but he was not out of health in any special degree.

It may perhaps be asked, Why call a disease like this Lupus? Is it not more nearly allied to a dry form of Eczema? The answer is that in clinical history Lupus erythematosus conforms to the other varieties of lupus and differs *in toto* from the other types of skin-diseases. It is incurable or almost so, lasting for years, steadily and slowly spreading at its edges. If cured, either spontaneously or by treatment, the skin is never restored to a healthy condition, a state of superficial scar being invariably left. This last sign is conclusive.

I have selected this portrait from a considerable number of original ones in my possession because it is one of the most purely erythematosus that I have seen. In many of the cases of this form of Lupus the peculiarities produced by disease of the sebaceous glands are quite as conspicuous as those due to the erythema. This remark applies to the two portraits of the disease given by Prof. Hebra, Tafels 6 and 8, and in an especial degree to the latter. In these the skin is seen to be stippled over with the plugged or open orifices of diseased sebaceous glands, and the erythematosus congestion might be supposed to be secondary to the gland-disease. There are forms of erythematosus Lupus, however, even yet more purely erythematosus than the one which we have selected. Mr. Startin generally employed the term "Lupus Sebaceus" instead of Lupus Erythematosus. Since the two features usually go together, with, however, in some cases a very marked preponderance of one over the other, it might be well to keep in use the two terms, provided we clearly

recognise the fact that they are only modifications of the same disease.

The portrait of the hand is taken from a boy (Arthur D.) aged about 15, who had the disease also on the nose, cheeks, ears, neck and feet. It had begun on his fore-arms when he was 7, but when the portrait was taken there was no trace of the disease left on them except some slight and almost doubtful scars. The disease in this case is extremely superficial; on the face and neighbouring parts its erythematous character was especially well marked, with also more or less roughening by sebaceous accumulation and dry epidermic scales. There was here no positive lupus deposit or scar. On the hands, however, the disease was much more definitely Lupus and had left numerous scars, while the tips of the fingers were atrophied and thin. The patches on the hands were deeply congested and well margined, their edges slightly raised, and the surface rough from epidermic peeling and accumulation, but nowhere ulcerated. In childhood he had bad chilblains on the feet, and the feet used to perspire profusely. His hands are very liable to become cold and are then "dead cold like stones." He is very thin and has always been delicate; his hair is falling off and the scalp is scurfy.

Compare with—

Pl. 42, p. 174, of Cazenave's Atlas. A badly-executed portrait.

Drawings and Models 390 to 395 in Prof. Wilson's Collection in Museum of College of Surgeons.

PLATE XLIII.

ULCERATED ERUPTION FROM
BROMIDE OF POTASSIUM.

The eruptions due to the bromide of potassium resemble for the most part those produced by the iodide. It is, however, not improbable that more extended observation may detect some differences, and may possibly show that there is less probability of fluid effusion and the production of bullæ, and more tendency to inflammatory deposit and swelling after the bromide, than after its allied salt.

The bromide rashes are usually forms of acne, and the face is the part most frequently attacked. Patients who have been previously liable to acne almost always find their eruption made worse by the bromide. In severe cases of bromide rash the acne spots are large and acutely inflamed, closely resembling small boils, with the difference however, I believe, that they seldom or never have cores. They generally suppurate and discharge an unhealthy-looking blood-stained pus. If the remedy is pressed ulceration may take place and disfiguring scars may result. With the bromide, as with the iodide, it appears that idiosyncrasy has far more to do with the production of the rash than largeness of dose. Rapid disappearance usually results when the remedy is suspended.

A very instructive case of severe bromide eruption has been recorded by Dr. Wm. Cholmeley, in vol. 3 of the Clinical Society's 'Transactions.' The subject of it

was an epileptic boy, aged 13, who had taken the bromide for about a week when his eruption appeared. The dose given was twenty-five grains three times a day. On a former occasion he had taken eight and ten grain doses for a short time with impunity. The eruption came out on the face and legs and at first looked like varicella; but the vesicles, instead of drying up, became aggregated in clusters and showed numerous points of suppuration. On the leg the eruption was much more inflamed than on the face, and the flattened elevations which it produced were larger. The eruption entirely disappeared in the course of a few weeks after the disuse of the bromide. On a second occasion, when the salt was again given in full doses, the eruption appeared on the sixth day. Dr. Cholmeley describes his case under the name of "Confluent Acne," and although it would appear to have resembled in kind, it did not in the least approach in degree, that of the subject of our portrait. At the conclusion of his valuable paper he quotes a statement by M. Voisin, who recognised five forms of eruption due to the bromide; one furuncular, a second eczematous, a third acneiform, a fourth like erythema nodosum but more persistent, and a fifth resembling Dr. Cholmeley's own case. M. Voisin specially describes "oblong or roundish swellings on the lower extremities of a rose or cherry-red colour, which become yellowish in consequence of certain millet-seed-like yellowish prominences upon them, which are aggravated acneiform pustules. These swellings have hard bases, and may ulcerate and be covered with thick scabs." He adds that there are seldom more than two or three present at one time.

The subject of our portrait presented probably one of the most severe eruptions which has ever been described in connexion with this cause. At the time that our portrait was taken the eruption had been out between two and three weeks. It had begun on the head, next appeared on the shoulders and arms, and then on the legs and buttocks.

William R—, æt. 1 year, was taken to Dr. Woodman at the North-eastern Hospital for Children on *September 24th*, 1874, when pneumonia of the lower lobes of both lungs was diagnosed. Salines, with ipecacuanha, were ordered, till *28th*, when, as the lungs were clearing up, an expectorant, containing squills and paregoric, was ordered. On *October 1st* the chest was almost well, but he was troubled with vomiting (perhaps due to the squills). To check this symptom he was ordered to take five grains of bromide of potassium three times a day. The mother considered that this medicine was doing him a great deal of good, and it was therefore repeated and taken regularly for about fifteen days. Dr. Woodman heard nothing of any eruption on the child's skin until *October 15th*, but the mother then told him that it had begun about the 10th or 11th. It may be mentioned that during the whole time linseed poultices were occasionally applied to the chest by the mother, and yet, as will be seen below, this part and the entire trunk remained quite free from the eruption.

The bromide was discontinued as soon as Dr. Woodman saw the rash, steel wine being substituted for it, and white precipitate ointment ordered for application to the skin. The eruption rapidly got better, and on *Nov. 26th* the child ceased attending.

The child was the youngest of a family of nine, all of whom were born alive. Three of them (second, fourth, and eighth) died young, the eighth at four months old after having very bad thrush. There appeared, however, no strong reason to think that any of the children were tainted with syphilis.

I saw the child for the first time on *October 30th*, when the rash had already been out for at least a fortnight, and made notes of which the following is the substance—(the bromide having, I believe, at that time been discontinued for a fortnight):—

“The child now has a very peculiar rash on the scalp and extensor surfaces of the limbs, not, however, passing further downwards than about the middle of the forearms and legs. It is quite absent from the hands and feet, from the trunk proper, and from the face; nor are there any spots in the flexures, or where folds of skin come into contact,

excepting a single small one in the right popliteal space. The majority of the patches on the limbs are near to the great joints (hips and shoulders). It is, both on the scalp and limbs, much more abundant on the right side than on the left, and on the scalp is chiefly confined to the posterior part.

“The rash begins, as can still be seen in a few places, by the appearance of rounded prominent vesicles containing purulent fluid. These are often solitary, but sometimes several occur in a group not unlike herpes, although more raised and yet less distinctly vesicular than in that disease. Fresh spots of the same kind appear at the edge of such a patch, either at one part only or all round its circumference. Up to this point there is nothing very singular in the appearance of the spots or patches. Now, however, the puriform contents of the vesicles dries up into a scab, while the deeper structures of the skin take on rapid growth, the result being a circular flattish elevation of dull red-pink colour, and more or less scabbed over. In general aspect the patches at this stage bear some resemblance to condylomata; they differ from condylomata, however, by showing no indication of papillary structure, in being situated entirely on the extensor surfaces, and in spreading by the formation of puriform vesicles or abortive pustules. A few of the patches, especially some very large and prominent ones over the front of the right leg, are discharging moderately and appear to be superficially ulcerated. In the majority of patches, where nothing approaching to ulceration takes place, the scab soon falls, the subjacent overgrown skin becomes dusky, gradually shrinks and at last the thickening disappears almost entirely, leaving only a stain with the slightest possible elevation and a little epidermic roughness. Many of these stains, left by previous patches, are to be seen on the scalp mingled with others still in the active stage. Excepting at the early pustular or vesicular stage, there is no surrounding inflammation, and even then this amounts to no more than a narrow zone of red skin. The patches vary much in size; the largest single ones are equal in area to a half-penny, but in several places two or more such patches have joined and formed compound figures of large size. The most extensive of all, both in degree of prominence and in area, are on the outer side of the right leg about midway between knee and ankle, the limb at this part being almost encircled by them. Next in size come those on the right buttock and hip.”

PLATE XLIV.

MORPHŒA OR ADDISON'S
KELOID.

The case of Elizabeth Nicholls has been carefully investigated and recorded by Dr. Hilton Fagge (see 'Guy's Hospital Reports,' series 3, vol. xiii, 1867). This patient has been under the observation of Dr. Weber, at the German Hospital, almost from the commencement of her disease fifteen years ago, and through his courtesy she was seen first by Dr. Addison, and more recently by Dr. Fagge and myself. Her case is one of extreme interest in several respects; she has been the subject of both forms of keloid—that is, of Addison's and of Alibert's cicatricial keloid—and scleroma cutis, and she is at present an example of the possibility of the spontaneous disappearance of the morbid conditions characteristic of both. At the same time her case affords an example of scleroma productive of such great deformity as to necessitate amputation of her limb, for her left lower limb was amputated through the thigh some twelve years ago by Mr. Cock (September, 1860). The following is a brief *résumé* of the particulars of her case:—The disease commenced in 1851, when she was fourteen years old, and, according to her statement, very suddenly. She went to bed quite well, and in the morning found her left lower extremity stiff and painful. The stiffness was attended

by cramp and was especially felt about the hip. This was quickly followed by swelling of the limb which she describes as having been very great, and as involving not only the whole of the lower extremity, but the haunch and even the whole of the left side of the trunk. No other parts were at this time affected. She was confined to bed for some months with this state of things and it was not till nearly a year later, when the swelling had a good deal disappeared, that the disease was first recognised as keloid. It is to Dr. Ranke, then resident physician at the German Hospital, now of Munich, that the credit of the first diagnosis belongs. By Dr. Ranke she was shown to Dr. Weber. At this time changes had taken place at other parts of the body.

About two years later, on December 14th, 1854, she was sent into Guy's Hospital under Dr. Addison's care, and we now obtain the first notes of her case. She had previously been in St. Thomas's Hospital on account of an ulcer on the left instep, which had healed, but subsequently again opened. Under Dr. Addison's direction, at this date, nearly four years from the commencement of the disease, portraits were taken, which are now preserved in Guy's Hospital Museum (158⁶⁰, 158⁶¹). She was now eighteen years of age, but had never menstruated. The left lower extremity was wasted, the knee, ankle, and great toe joints stiff (probably also the hip), and the skin of the leg hard, smooth, and adherent to the tibia. There was a large ulcer on the dorsum of the foot. There was a patch on the left forehead, white in the centre, with a brown border, and some wasting of skin about the left side of the chin. On the right shoulder was a patch of

dull ivory-white colour, below which the skin was brown and desquamating. The right breast presented an irregular brown patch. Nearly the whole abdomen was of a yellowish-brown colour, this being especially deep beneath the breasts, and extending also downwards along the inner side of the left thigh and leg. The right arm and forearm were much affected, presenting white marks and spots, as well as yellowish-brown patches. On the back, the shoulders, loins and right gluteal region were all affected by similar changes. Her left upper extremity showed, just below the elbow-joint, a patch of doubtful nature, with an irregular outline, white in the centre, with a reddish border. With the exception of this patch there has never been any evidence of scleroma on this limb. It was on the same arm that the cicatricial keloid had occurred: about a year after the commencement of the disease in her leg, in consequence of her lameness, she fell into some boiling water, and scalded her left arm; two years later Dr. Addison's notes state that the hard, red tumours (keloid) had appeared, and the portrait, taken at this date, delineates the features of cicatricial keloid, the growths being, however, somewhat pale.

From the date of Dr. Addison's notes the disease appears to have been arrested, and the tissues affected have been in gradual process of repair. The ulcer on her left instep, however, never healed, and the limb being an incumbrance to her it was, as already stated, subsequently amputated. Dr. Hilton Fagge sought her out in 1867, and the notes describe in accurate detail very much the conditions which are now present. The reparation has really been wonderful. The tracts of skin which were formerly indurated and discolored are

now supple, and show scarcely any peculiarities. The hip-joint of the limb amputated is quite stiff. The stump is sound but shrivelled, and shows a little brown discoloration of skin. On the left arm there are two "oval, flat, white, superficial cicatrices, the skin of which is quite thin and non-adherent."* There is another patch below the elbow, for the most part white, but crossed by livid trabeculæ. These patches, with the exception, perhaps, of the last, are the remains of the Alibert's keloid. The remains of disease in the right lower extremity are exceedingly slight. The skin is a little less movable on the leg than usual and she states that she feels some stiffness in the limbs. It will be observed that the deformity of the face is very peculiar. A vertical line passes down the middle of the forehead, nose and chin, deviating, however, a little towards the left side, more especially in her chin. This deviation is, I believe, apparent, and not real, and has been caused by the contraction of the diseased tissues pulling on the healthy parts. Her cheek scarcely shows any evidence of disease; it is simply less plump than that of the opposite side. The skin of the left side of her forehead, however, although it has improved since I first saw her, three years ago, is still very perceptibly brown, dry, thin, and slightly rigid. On the right shoulder, where at the time of Dr. Addison's report a white patch existed, there is at present only an obscure brown-and-white mottling. "Along the arm and forearm a distinct line of discoloration, about an inch broad, may be traced. This runs over the inner side of the biceps muscle, in front of the elbow, and down

* In this place as well as in several others I have borrowed Dr. Fagge's words.

to the root of the thumb. On the dorsal surface of the hand over the base of the second metacarpal bone, is a very slight brown discoloration. She says there is still a stiffness in the hand and not the power in it that there is in the left hand. The skin of all these parts feels exactly like that of those which are healthy. There is not the slightest adhesion to the subjacent parts."

The following points in this case appear to me worthy of especial attention :—

1. *The entire disappearance, during a course of many years, of two patches of keloid of cicatrix (in the scars of a scald).* This is, I believe, not an exception to the rule, but an example of it. Alibert's keloid, if we wait long enough, generally disappears, the indurations soften and a supple white scar is left. The younger the patient, the more likely is it that recovery will follow, while the older he is the more probable is it that the condition will persist.

2. *The spontaneous recovery, to a very large extent, of some of the parts affected by scleriosis.* This also I believe to be according to rule. The disease usually takes a few years to develope, and during this period fresh regions are liable to be affected; but after a time an arrest of this tendency is observed, no fresh patches are seen and the diseased skin very slowly becomes softer and more healthy in all respects. I have witnessed this course of events in several cases, but I do not know of any recorded case in which it is so definitely illustrated as the present one.

3. *The affection of the deeper structures, as well as the skin.* This was shown in the limb which was amputated, in which the hip and knee-joints were anchy-

losed, the ankle and great-toe joints stiff, the muscles wasted and the entire limb withered. The notes do not mention any measurements, but in all probability the bones were arrested in growth; at any rate I have proved such arrest in similar cases. Unfortunately no records of the examination of the limb after removal have been preserved.

4. *The occurrence of an attack of acute œdema in the limbs first affected.* This has been frequently noticed in other cases. We must observe, however, that in the girl Nicholls only one part ever became œdematous, whilst many others suffered from scleriosis unpreceded by any such swelling.

5. *Although the changes were almost general in distribution they were nowhere symmetrical.* The portrait shows the remarkable want of symmetry in the face. The changes were not restricted to either half of the body. Thus the left half of the face suffered, the right being exempt, the right arm and the left not at all, or doubtfully; the left lower extremity very severely, and the right much more mildly. We must note also that the patches of disease were usually arranged in lines, this being especially marked in the right upper arm.

It seems to me difficult, if not impossible, to account for the remarkable asymmetry manifested, and more especially for the state of the face, except by supposing that the disease was located by the distribution of certain nerves. I may add that Mr. Erasmus Wilson* possesses a portrait of a boy whose face was affected in a precisely similar manner, one lateral half being in a

* This valuable portrait was exhibited by Mr. Wilson at one of the annual museums of the British Medical Association, and is now in the Museum of the College of Surgeons. (No. 437 in Group VIII.)

condition of scleriosis and the other exempt, and that Dr. Reverdin (the inventor of skin grafting) has informed me that he knows of two other parallel cases, in each of which the patient is a medical man. Dr. Reverdin saw my portrait of Nicholls, and was at once struck by its resemblance to his friends.

Compare with—

Plate 41, p. 172, of Cazenave's Atlas. This portrait, published two years after Dr. Addison's first communication to the Medico-Chirurgical Society, is clearly an example, not of "Cancroide d'Alibert," as named by Cazenave, but of true Morphœa or Addison's keloid.

There are a number of very valuable portraits and casts representing Addison's keloid in the Guy's Hospital Museum. The College of Surgeons' Collection also possesses three portraits, No. 435, 436, and 437, of much interest.

R E P O R T

PRESENTED TO THE

SEVENTEENTH ANNUAL MEETING

OF

The New Sydenham Society,

HELD IN EDINBURGH,

AUGUST, 1875,

WITH

LIST OF WORKS PUBLISHED,

AND OTHER INFORMATION.

LIST OF WORKS ALREADY ISSUED.

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we can have no hesitation in concluding that his contributions, scanty though they be, offer a very favourable contrast to many publications of a vastly more pretentious character, with which we are, alas ! only too familiar."—*Edinburgh Medical Journal*, December, 1868.

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THE EIGHTH FASCICULUS OF THE ATLAS OF PORTRAITS OF SKIN DISEASES, comprising Life-Size Portraits of:—XXI. ERYTHEMA NODOSUM. XXII. MORBUS PEDICULARIS. XXIII. HERPES ZOSTER (with scars of a former attack).

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"We ought long since to have noticed this welcome and valuable publication of the New Sydenham Society. Its appearance in an English dress, therefore,

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"We cannot close this notice of Wunderlich's book without congratulating the New Sydenham Society on the excellent translation of Dr. Woodman. The original text is often crabbed and involved to an unusual degree, and in some places it would have been impossible to give the author's meaning without a paraphrase. The translator has rendered into readable English, and enriched with practical notes, a book which, even in its original form, has startled into active work many physicians in England, France, and America, and which now in its popular form, must render the diagnosis of disease infinitely more accurate."—*Medical Times and Gazette*, June 3, 1871.

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63.	HEBRA on Skin Diseases. Vol. IV.	—
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1875. (Seventeenth Year.)							
VOL. 65.	BIENNIAL Retrospect of Medicine and Surgery	—
66.	CATALOGUE of Atlas of Skin Diseases. (Second Part)	—
*66.	CLINICAL Lectures by various German Professors	—
*67.	ATLAS of Portraits of Skin Diseases. (15th Fasciculus)	—

*Vols. 66 & 67 are not yet out, but are almost ready.

R E P O R T

Presented to the Seventeenth Annual Meeting held in Edinburgh, August, 1875.

In presenting to the Sixteenth Annual Meeting of the Society a report on its progress during the past year, there are several different subjects to which it is desirable to advert.

As regards its finances the Society is in all respects in a satisfactory condition. The accounts have been audited as usual, and show a balance in the Treasurer's hands at the end of 1874 of upwards of one thousand eight hundred pounds. During the year the usual number of printed volumes were issued and also the Fasciculus of the Atlas, but the volumes having been of a less expensive kind and smaller in size than in some former years, a considerable saving of income as compared with expenditure was effected.

The Council regrets that it has not been able to make much progress with the most expensive of the works at present in hand, its new Edition of Mayne's Lexicon. In the last report it was stated that the services of an efficient Editor-in-Chief, Mr. Cooke, with several able colleagues had been secured. Mr. Cooke's health, however, gave way under the labour which he had undertaken, to such an extent that he has felt obliged to resign the task. He had accomplished a not inconsiderable part of the work and the Council regrets very much the loss sustained by this resignation. As yet no other arrangement has been made, but the Council trusts that before long it may be able to report satisfactory progress in the matter.

Amongst the works which have been adopted by the Council recently, is Dr. Charcot's Lectures on certain Diseases of the Nervous System,* which will be translated for the Society from a new Edition which is just coming out. The translation has been entrusted to Dr. Sigerson, of Dublin.

* *Legons sur les maladies du système Nerveux, faites a la Salpêtrière par J. M. Charcot, &c. Recueilles et Publiées par Bourneville &c., Paris.*

It has been decided also to prepare a volume consisting of selected Clinical Lectures from the series published at Leipzig, by Professor Volkmann of Halle. The authors of these Lectures are among the foremost Clinical teachers of the German Schools, the lectures embrace a great variety of subjects*, and it is believed that the selections made by the Society will prove very acceptable to the English profession. Professor Volkmann has with great courtesy acceded to the request of the Council that he would permit the translation, and has also left the selection of the Lectures entirely to its discretion.

During the ensuing year it is expected that the Biennial Retrospect for 1873-74, the volume of Selected Lectures as just mentioned, and a Fasciculus of the Atlas will constitute the usual series; in addition to these a second part of the descriptive catalogue of the Society's Atlas will be published. This last and the Biennial Retrospect are nearly ready for issue.

The pressure of private engagements having compelled Dr. Barnes to relinquish the task of Editing Smellie's Midwifery for the Society, the Council has the satisfaction of announcing that Dr. M'Clintock of Dublin, has consented to undertake it. The work is to be liberally annotated and is to be ready for the press in eighteen months.

* The following are the titles of the Lectures selected for translation:

1. Infantile Paralysis, and Paralytic Contractions. R. Volkmann.
2. Reflex Paralysis. E. Leyden.
6. Diseases of the Pharynx. H. Ruhle.
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I.—The Society is instituted for the purpose of supplying certain acknowledged deficiencies in the existing means of diffusing medical literature, and shall be called "THE NEW SYDENHAM SOCIETY."

II.—The Society shall carry out its objects by a succession of publications, of which the following shall be the chief:—1. Translations of Foreign Works, Papers, and Essays of merit to be reproduced as early as practicable after their original issue; 2. British Works, Papers, Lectures, &c., which, whilst of great value, have become from any cause difficult to be obtained, excluding those of living authors; 3. Annual Volumes consisting of Reports in Abstract of the progress of the different branches of Medical and Surgical Science during the year; 4. Dictionaries of Medical Bibliography and Biography. Those included under Nos. 1 and 2 shall be held to have the first claim on the attention of the Society, and the carrying out of those under 3 and 4 shall be considered dependant upon the amount of funds which may be placed at its disposal.

III.—The Subscription constituting a Member shall be One Guinea, to be paid *in advance* on the 1st of January annually, and it shall entitle the subscriber to a copy of every work published for that year. *No books shall be issued to any Member until his subscription for the year has been paid.*

IV.—The officers of the Society shall be elected from the Members, and shall consist of a President, Sixteen Vice-Presidents, a Treasurer, a Secretary, and a Council of Thirty-two; in whom the power of framing bye-laws and of directing the affairs of the Society, shall be vested. Twelve of the Council shall be Provincial Residents.

V.—Five Members of the Council shall form a quorum.

VI.—The Officers of the Society shall be elected by ballot at the General Anniversary Meeting of the Society. Balloting lists of Officers proposed by the Council, with blank places for such alterations as any Member may wish to make, shall be laid on the Society's table for the use of Members.

VII.—The President, Vice-Presidents, and Council shall be eligible for re-election, except that of the Vice-Presidents four, and of the Council eight, shall retire every year.

VIII.—The Council shall appoint Local Honorary Secretaries wherever they shall see fit.

IX.—The business of the President shall be to preside at the Annual and Extraordinary Meetings of the Society; in his absence one of the Vice-Presidents, or the Treasurer or any Member of the Council chosen by the Members present, shall take the chair.

X.—The Treasurer, or some person appointed by him, shall receive all moneys due to the Society.

XI.—The money in the hands of the Treas-

urer, which shall not be immediately required for the uses of the Society, shall be vested in such speedily available securities as shall be approved of by the Council.

XII.—The Council shall select the Works to be published by the Society and shall make all arrangements, pecuniary or otherwise, in regard to their publication. In the event of any member of the Council being appointed to edit any work for the Society, for which he is to receive pecuniary remuneration, he shall immediately cease to be a Member of the Council, and shall not be eligible for re-election till after the publication of the Work.

XIII.—The Council shall lay before the Members at each Anniversary Meeting a report of their proceedings during the past year, and also an account of the receipts and expenditure of the Society; and shall further cause to be printed and circulated among the Members, an abstract of such report and accounts immediately after such Anniversary Meeting.

XIV.—The annual accounts of the receipts and expenditure of the Society shall be audited by a Committee of three Members, selected at the preceding Anniversary Meeting from among the Members at large.

XV.—The Secretary shall have the management of the general correspondence of the Society, and of such other business as may arise in carrying out its objects.

XVI.—The Local Secretaries shall further the objects of the Society in their respective districts, and shall be in communication with the Metropolitan Secretary.

XVII.—The Anniversary Meeting shall be held in the same town as, and at the time of the Annual Meeting of the British Medical Association, notice of it having been given to all Members at least a week before the day fixed on.

XVIII.—The Members generally shall be invited and encouraged to propose Works, &c., and to make any suggestions to the Council they may think likely to be useful.

XIX.—The Works of the Society shall be printed for the Members only.

XX.—No alteration in the Laws of the Society shall be made, except at a General Meeting. Notice of the alteration to be proposed must also have been laid before the Council at least a month previously.

XXI.—The Council shall have power to call a General Meeting of the Members at any time, and shall also be required to do so within three weeks, upon receiving a requisition in writing to that effect from not less than twenty Members of the Society.

XXII.—All Special General Meetings of the Society shall be held at such place as the Council may appoint.

XXIII.—The Council shall meet at least once in two months, unless by special resolution to the contrary.

A THIRD EDITION of the VOLUMES for 1859 has been printed, and also a Second Edition of those for 1860. All the Works issued by the Society are now in stock, and can be obtained by New Members.

CARRIAGE, &c.—The Society's Works are supplied free of cost to any address in London, Edinburgh, or Dublin; but the expenses of carriage to all other places must be borne by the Members to whom they are sent. Members wishing to receive their Volumes by Book-post can do so by pre-paying the postage. Members are requested to give detailed instructions respecting the mode by which they wish their volumes to be forwarded, and also to remember that the Society's responsibility ceases when the book has been delivered according to the instructions given. Members wishing to receive their works by Book-post can do so by paying the sum of 2s. 6d. for the year.

The Subscription is One Guinea annually, to be paid *in advance*. The best mode of sending money is by post-office order payable to Mr. HENRY KING LEWIS, at the London Office, or by cheque to the order of the Treasurer, Dr. SEDGWICK SAUNDERS. It is requested that in future all communications in reference to the payment of subscriptions, or the issue of books, may be made to Mr. LEWIS, the Society's Agent, and not to the Secretary.

The immediate payment of those subscriptions for the current year which have not as yet been forwarded, is earnestly requested.

JONATHAN HUTCHINSON,

15, CAVENDISH SQUARE, W.

Hon. Secretary.

October, 1875.

* * Any Member wishing for additional copies of this Report, &c., can obtain them by applying to Mr. HUTCHINSON, or the Society's Agent, Mr. LEWIS, 136, Gower Street, W.C. The Council will be much obliged by its distribution amongst those thought likely to join the Society.

P.S.—The Society's Agent is prepared to supply PORTFOLIOS for the reception of the Plates of Skin Diseases to those Members who may wish for them:—First quality, 13s.; Second quality, 7s. 6d.; Third quality (cloth only), 3s. 6d. All orders for them must be accompanied by the remittance and instructions as to the mode of transmission.

List of Hon. Local Secretaries.

And of Towns where it is desired that an appointment should be made.

The Council will be much obliged to any Gentlemen willing to act as Local Secretaries in towns where the appointment is vacant, if they will communicate with Mr. HUTCHINSON. Any suggestion of suitable names will also confer a favour. The duties of Local Secretaries consist in arranging for the distribution of books, the collection of subscriptions, and canvassing for new members.

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